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ABSTRACT

This publication was designed to provide teachers with guidance in offering instruction in Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) prevention education to students in the public and non-public schools of Virginia. This publication provides information that will help educators meet the needs of students in grades K-12. The scope of the curriculum includes four basic content areas regarding HIV/AIDS: (1) HIV infection and the disease AIDS; (2) HIV/AIDS is preventable; (3) HIV/AIDS affects everyone; and (4) HIV/AIDS help is available. It is noted that the concepts taught in each of the content areas as follows: there are some diseases that are infectious; there are decision-making and refusal skills to practice and behaviors to learn that will lead to a healthful lifestyle; there are mental, emotional, social, and economic implications of HIV/AIDS that affect everyone; and there are national, state, and community resources for HIV/AIDS information, help, and counseling. Curriculum lessons are arranged under each grade level. Each lesson states the objective; tells what existing state curricula guideline it relates to; lists the content; and lists teaching and learning strategies. A glossary is provided; resources are listed; and HIV/AIDS facts are summarized. (ABL)

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HIV/AIDS PREVENTION EDUCATION CURRICULUM GUIDE

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Dear Colleagues:

This publication is designed to provide teachers with guidance in offering instruction in HIV/AIDS prevention education to students in the public and non-public schools of Virginia. This publication provides information that will help educators meet the needs of students in grades K-12. The curriculum is designed to be infused into the existing curricula by using referenced objectives in the Standards of Learning Objectives for Health Education, Family Life Education, and "I Am Always Special" drug education programs.

The Department of Education welcomes the opportunity to work with school staff to provide quality programs and instruction on HIV/AIDS.

Sincerely yours,

Joseph A. Spagnolo, Jr.
Superintendent of Public Instruction

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Grateful appreciation is also due to school systems participating in the field review of this guide.

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Introduction

INTRODUCTION

AIDS (acquired immune deficiency syndrome) was first diagnosed in the United States in 1981. AIDS is caused by the human immunodeficiency virus (HIV) transmitted primarily through sexual intercourse and the sharing of needles in injectable drug use. It is possible for anyone to contract HIV infection and the disease AIDS--males, females, bisexuals, heterosexuals, homosexuals, old people, and young people. Young people are the group most at risk of contracting and transmitting the disease because of their sexual behavior and drug-use patterns.

The increase of HIV infection and AIDS cases since 1981 is startling. Even more startling is that most cases are still unreported due to the eight-to-ten-year incubation period of the disease. At present, HIV/AIDS is usually a fatal disease and has no FDA-approved vaccine or cure. Therefore, the disease has become a threat to public health not just in America but in the entire world. Because there is no cure for HIV infection or AIDS, the public health focus is on prevention. Prevention requires the education of everyone, especially preadolescents, teenagers, and young adults. Educators must reach children before they develop risky health habits that will make them susceptible to the human immunodeficiency virus that causes AIDS.

The purpose of this guide is to assist teachers in educating young people to develop healthy, mature, and responsible attitudes toward sexuality and drug use and to develop an awareness of HIV infection and the AIDS epidemic so that young people do not become infected with the disease. The knowledge and skills gained from this curriculum, combined with values taught in the home, will enable and empower young people to lead healthy lives and make responsible choices that will protect them from HIV infection.

HIV/AIDS prevention education should be taught as part of a comprehensive approach to health education in grades K-12. Such an approach encompasses a sequential curriculum that develops knowledge, attitudes, and skills necessary for positive health behavior. Students should discuss HIV/AIDS within the curriculum setting after they have had an opportunity to gain knowledge of human growth and development, sexuality, behaviors that promote health and prevent disease, and the dangers of alcohol and other drug use. The comprehensive health curriculum should explore attitudes about responsible sexual behavior and drug abuse as well. Students should also develop and practice skills in communication, socialization, conflict resolution, stress management, self-concept enhancement, problem-solving, decision making, and resistance/refusal to negative peer pressure. These skills need to be practiced through varied activities, and students need to understand how the skills may be applied in different situations. All of the aspects of a comprehensive health education program are necessary to help prevent HIV infection and AIDS.

The intent of this curriculum guide is to provide a document that curriculum planners and program coordinators in Virginia's public schools and in agencies serving youth outside the public school may use to organize HIV/AIDS educational activities. The objectives, content, and teaching/learning activities are intended to be developmentally appropriate, sequential, and comprehensive. Many of these objectives are already included in health education, family life education, and substance abuse prevention ("I Am Always Special") curricula. It is appropriate that HIV/AIDS information be infused into these established curricula areas to ensure a

comprehensive approach to health education. However, if HIV/AIDS prevention education is not included in these curricula at the local level, information included within this curriculum guide should be offered independently and according to the guidelines of the local division.

To assist with the implementation of this curriculum or the infusion of this curriculum into existing curricula, planners and coordinators are encouraged to take advantage of the HIV/AIDS in-service training programs offered by the comprehensive health education teacher-training institutions throughout the state. A list of these institutions can be found in the Resources Section of this guide.

HOW TO USE THIS GUIDE

SCOPE AND SEQUENCE

The scope of this curriculum includes four basic content areas regarding HIV/AIDS:

1. HIV Infection and the Disease AIDS
2. HIV/AIDS Is Preventable
3. HIV/AIDS Affects Everyone
4. HIV/AIDS Help Is Available

The objectives, content, and teaching/learning strategies are intended to be developmentally appropriate, sequential, and comprehensive. Refer to the Scope and Sequence Chart in the following section for an overview of the entire curriculum.

CONCEPTS

The concepts taught in each of the content areas are as follows:

1. There are some diseases that are infectious (communicable). HIV/AIDS is one of these diseases. It is not transmitted by normal day-to-day casual contact, but it can be transferred from person to person. Anyone can become infected with the HIV virus that causes AIDS if he or she practices high-risk behaviors such as sexual intercourse, sharing equipment used for injectable drugs, sharing tattoo or ear-piercing needles, or exchanging blood.

2. There are decision-making and refusal skills to practice and behaviors to learn that will lead to a healthful lifestyle. There are also specific methods of preventing HIV/AIDS including avoiding high-risk behaviors.

3. There are mental, emotional, social, and economic implications of HIV/AIDS that affect everyone.

4. There are national, state, and community resources for HIV/AIDS information, help, and counseling.

OBJECTIVES

The objectives offer a comprehensive approach to teaching HIV/AIDS prevention education. The objectives are also designed to build usable skills in students, not just to convey information about HIV/AIDS. Skills addressed for preventing the spread of HIV/AIDS are skills in

- Developing and enhancing self-esteem
- Decision-making
- Communicating well with others
- Being assertive
- Refusal/resisting peer pressure
- Coping with stress without drugs, alcohol, or desperate attempts at peer acceptance

These skills should be practiced repeatedly. Students need to know how to apply the skills in different situations. The varied teaching/learning strategies throughout the curriculum will help the educator plan meaningful lessons.

If an objective is already taught in other areas of the school curriculum, such as in health, family life education, or substance abuse prevention, it does not have to be taught again or separately for this curriculum. Rather, information in this curriculum guide is to be included where there are no such objectives in existing curricula. This guide may offer ways to integrate information about HIV/AIDS into existing curricula.

Each objective in this curriculum is cross-referenced with the following existing state curricula:

FLE = Family Life Education

Health SOL = Health Standards of Learning

HIV/AIDS = HIV/AIDS Prevention Education Curriculum

IAAS = I Am Always Special (Alcohol and Other Drugs Curriculum)

TERMINOLOGY

The terminology used in this guide coincides with the terminology used in current health textbooks and journal articles. A Glossary of all terms used in the guide appears in a separate section in the back of this guide. Teachers may wish to plan a list of glossary terms for each grade level as a teaching strategy. The language used in this curriculum guide is written for the

teacher's planning, preparation, and instruction. Some terminology may need to be modified for presentation to lower grade levels and abilities. For example, an infectious disease may need to be termed "contagious" or "catchable" for grades K-1, depending on students' abilities.

TEACHING/LEARNING STRATEGIES

The teaching/learning suggestions within this guide are meant to serve as guidelines, not requirements. In many cases there are several suggestions for activities that will accomplish the same aspect of the objective. Therefore, it is not intended that a teacher use all given strategies. Rather, one or more of the teaching/learning strategies will be appropriate for a particular class or situation. The teaching/learning strategies may be used as printed or may be modified as necessary. This guide is a resource for teachers to ensure that they adequately teach about the disease HIV/AIDS and its prevention. A copy of this guide should be available to all teachers (i.e., in the Teachers' Resource Center).

Teachers should seek the assistance of the school's media resource person for suggestions about films, books, videotapes, etc., that will enhance instruction. With a topic such as HIV/AIDS, these resources change or become available so rapidly that it is best to use those that are current and are recommended by the Centers for Disease Control or other creditable health organizations. The media center should serve as the school's clearinghouse for information.

The teaching/learning strategies used in this guide utilize current methodology such as the following:

Brainstorming

Use to begin discussion or generate a variety of ideas. Ask students to give their ideas on a topic without discussion or passing judgment. Brainstorm for a certain amount of time or until all ideas are exhausted. Your role as teacher is to list all the ideas on the chalkboard or chart paper and facilitate discussion of their merits following brainstorming (or the generation of the list).

Class discussion

Use to begin a lesson, to review, or to clarify information. Your role is to guide the discussion and to keep students on the topic.

Group discussion

Use small groups (2-6 members) to produce information or to analyze ideas while encouraging interaction among students. Assign each group a specific task, and allot a time for each task (use a timer). Assign each student a responsibility (leader, recorder, timer, reporter, etc.). You should circulate from group to group to answer questions and assist with any problems that might arise.

Role-play

Involve students actively in learning concepts or practicing behaviors in nonthreatening situations by acting out an imaginary situation. Give students a part to portray or ask them to improvise the communication and/or action according to how they think it would feel to be in

that situation and what they think would happen. Provide time for students to plan the action and the ending. Set time limits (3-5 minutes) for each performance. Props may be used. You should structure the role-play and summarize what has been accomplished at the end (e.g., reasons for behavior, how behaviors affect others, why persons want others to change their behavior, etc.).

Journal/notebook

Have students reflect on their learning and internalize it by writing about directed topics such as:

- -- what they know or would like to know about a topic
- -- how they think or feel about an issue
- -- how they think they would react in a given situation
- -- questions they have about a topic.

Using a journal in class or as a homework assignment on a daily or weekly basis is an excellent way to see the effects of the learning strategies on an individual student's attitudes. Journal entries should be read only by the teacher and not shared with the class unless a student volunteers to read aloud what he or she has written. Do not judge the entries on grammar, punctuation, etc. Your concern is what the student has written. Plan time to review the journals weekly or biweekly and to write comments back to students. You do not, however, have to read everything a student has written. In fact, you might have students check items they wish you to read. Do not read the other items. Be positive and encouraging. When students realize you are really reading what they have to say, they may write more. Journals give students an opportunity to respond personally to the learning. They may also help identify students who need particular help or referral for health-related problems.

Hands-on activities

Use worksheets, puzzles, games, or other types of written materials to test/review student's knowledge of a particular topic. These are especially effective for kindergarten and elementary grades.

Peer facilitation

Some schools may have peer facilitators as part of their school guidance program. Peer facilitators are students who use helping skills and concepts to assist other students (and sometimes adults) to think about ideas and feelings, to explore alternatives to situations, and to make responsible decisions that affect their academic and personal development. Not just anyone can be a peer facilitator. Students must be trained in the areas of what a helping relationship is, how to be a better listener when someone is talking to them, and how to get individuals to talk more about their ideas and feelings. Peer facilitators can then fulfill four basic helping roles: special assistant (e.g., safety patrol), tutor, special friend, or small-group leader. Peer facilitators can be effective in objectives involving decision-making, peer pressure, values clarification, etc.

Debate

Have students present the pros and cons of a proposal stated in the affirmative. For example: Resolved: A student with HIV/AIDS should be banned from attending school. One team, the affirmative, speaks in favor of the proposal. The negative team speaks against the proposal.

The burden of proof lies with the affirmative team. Students will do research to prepare their arguments for and against the proposal. There are several formats that can be used for the debate. These can usually be found in an English textbook. This method will be especially effective in objectives dealing with the moral, ethical, and social issues regarding HIV/AIDS.

Scope & Sequence

HIV/AIDS PREVENTION EDUCATION CURRICULUM
SCOPE AND SEQUENCE CHART

Grade Level	HIV Infection and the Disease AIDS	HIV/AIDS Is Preventable: Physical-Considerations	HIV/AIDS Affects Everyone: Mental and Social Considerations	HIV/AIDS Help Is Available
K	The student will... - describe the differences between being healthy vs. being sick - differentiate between infectious/ noninfectious diseases	The student will... - demonstrate healthy behaviors that lead to disease prevention - recognize the dangers of potentially hazardous substances	The student will... - respond appropriately to the approaches of people the student knows and does not know - develop positive social relationships within the family and community - experience success and positive feelings about self	The student will... - demonstrate when and where to go for help
1	- continue to differentiate between infectious/noninfectious diseases - know that HIV/AIDS is a serious disease	- continue to demonstrate behaviors that lead to disease prevention - know the benefits and dangers of drugs and household substances	- describe ways family members care for and help one another during times of wellness and sickness - experience continuing success and good feelings about self - demonstrate an awareness of and respect for the rights/feelings of others - continue to respond to the approaches of people he or she knows and does not know	- recognize feelings of wellness and will know to report symptoms of illness to responsible persons
2	- review the facts about HIV/AIDS as a serious infectious disease	- continue to practice good personal health habits - define drugs as substances that affect the mind and/or body functions	- continue to develop positive social relationships within the family and community - identify and demonstrate refusal skills	- name relatives, neighbors and individuals in the community who can fulfill the health needs of youth
3	- identify HIV/AIDS as a serious infectious disease	- state various ways the body may become diseased - recognize major organs and systems of the human body and describe their	- identify qualities of positive social relationships - recognize that family members are interdependent	- identify local resources that are available for help, information, and counseling

		functions - identify good health habits and safety practices that contribute to wellness		
4	- define and discuss basic information about HIV/AIDS	- outline how systems of the body work together - explain personal behaviors necessary to help prevent disease and the possible consequences of unhealthy behaviors	- identify and practice behaviors that contribute to positive emotional growth and development - cite qualities and behaviors of being a friend - describe the characteristics of healthy family relationships	- identify local resources that provide information about infectious diseases
5	- define and discuss information about sexually transmitted diseases and HIV/AIDS - explain how the HIV virus attacks the body's immune system	- identify the structure and function of the body systems and the changes that occur during puberty - recognize one's responsibility to others in the home, school, and community for the prevention and control of disease - discuss the effects of tobacco, alcohol, and other drugs on the systems of the body	- describe feelings and behaviors that demonstrate a sense of emotional well-being - recognize dangerous, threatening, or uncomfortable situations and how to react to them	- list and locate sources of help for substance use/abuse and resources for HIV/AIDS information
6	- recall basic facts about sexually transmitted diseases including HIV/AIDS - explain the concept of immunity, both natural and by means of vaccines	- explain the interrelationships of the functions performed by the body systems - identify choices which promote good health	- apply decision-making skills in solving specific problems and in determining the possible outcomes of his or her decisions - demonstrate ways to build good relationships and explain the importance of these relationships	- become aware of community, state, and national health-care and safety agencies and their functions
7	- compare sexually transmitted diseases and HIV/AIDS	- explain behaviors that reduce risks for sexually transmitted diseases and HIV/AIDS	- differentiate between being pressured by peers and pressuring peers to behave in risky ways and know how to resist peer pressure	- summarize local resources for HIV/AIDS information

8	- describe the stages of HIV infection and AIDS - explain how a healthy immune system functions and what happens when the immune system is invaded by HIV	- review sexual and nonsexual high-risk behaviors and steps to take to reduce these risks	- identify ways to strengthen self-concept and know stress-management skills	- discuss the responsibility of the media in giving accurate information about HIV/AIDS
9	- explain the scope/impact of HIV/AIDS infection in Virginia and the U.S. - differentiate between facts and myths associated with HIV/AIDS	- explain the most effective methods of preventing the spread of HIV/AIDS	- examine ethical issues related to HIV/AIDS - discuss attitudes, risks, and behaviors of peers regarding HIV/AIDS issues - identify the impact of infection on people with HIV/AIDS	- survey the community for additional sources of information about HIV/AIDS and for the availability of support for people with HIV/AIDS
10	- know the basic information about sexually transmitted diseases including symptoms, transmission, and treatment - review the effects of HIV/AIDS on the immune system	- explain behavior that will prevent/reduce the transmission of HIV/AIDS and other sexually transmitted diseases	- explain the nature of HIV/AIDS in the United States and the world - examine emotional family issues of HIV infection and AIDS	- name and know how to use local, state, and national resources for HIV/AIDS information, help, and counseling
11/12	- compare past epidemics with the present-day HIV/AIDS epidemic	- know strategies for preventing or reducing the risk of infection with HIV/AIDS and other sexually transmitted diseases	- understand the physical, financial, legal, social, and emotional consequences of being infected with HIV/AIDS - know strategies for coping with HIV/AIDS and ways to show caring for a person with HIV/AIDS - examine the relationship between civil liberties and public welfare relative to HIV/AIDS - understand the effects of personal and social pressures on risky behaviors for HIV/AIDS	- know health services available for sexually transmitted diseases and HIV/AIDS

Kindergarten

Kindergarten

HIV/AIDS PREVENTION EDUCATION

Objective: K.1 The student will describe the differences between being healthy and being sick.

This objective relates to: Health SOL K.5, 1.4; HIV/AIDS 1.1

Content

Feelings of being healthy
--Lots of energy
--Good feeling in body parts

Signs and symptoms of being sick
--Headache
--Upset stomach
--Unexplained sleepiness
--Soreness or pain
--Fever

Teaching/Learning Strategies

Ask the class to brainstorm a list of words that complete the phrases, "When I am well, I feel..." and "When I am sick, I feel..."

Ask students to brainstorm a list of activities a person can participate in when he or she feels well. Also, make a list of things a person feels like doing when he or she is sick.

Have the students compare their two lists. Ask which activities allow the most fun and allow them to do things with friends.

Have students draw a face to show how they felt the last time they were sick. Then ask them to draw a picture to show what they like to do most when they feel well.

HIV/AIDS PREVENTION EDUCATION

Objective: K.2 The student will differentiate between infectious (communicable) and noninfectious (noncommunicable) diseases.

This objective relates to: HIV/AIDS K.3, 1.1

Content

Definition of germs

Kinds of germs
--Bacteria and viruses
--Good and bad germs

Ways germs are spread

Definition of infectious disease--a disease that can be "caught" or spread from one person to another by germs

Examples of infectious diseases
--Flu (viral)
--Colds (viral)
--Measles (viral)
--Mumps (viral)
--Chicken pox (viral)
--Strep throat (bacterial)
--HIV/AIDS (viral)

Definition of noninfectious disease--a disease that cannot be "caught" or is not spread from one person to another

Examples of noninfectious diseases/ disabilities
--Diabetes
--Cancer
--Heart disorders
--Allergies
--Asthma

Teaching/Learning Strategies

Define germs as very small organisms that can spread disease. Point out that germs are too small to be seen without the assistance of special lenses, such as microscopes. Identify bacteria and viruses as types of germs.

Explain that there are both good germs and bad germs. Good germs are not harmful; they are used in making special kinds of foods, such as vinegar and sour cream. Bad germs, on the other hand, can enter the body and make people sick with diseases, such as colds, flu, and chicken pox. Germs enter the body through openings in the body, such as the eyes, mouth, and ears, or through cuts on the body.

Explain that germs are spread through the air, through water, through blood, or on contaminated objects when people do not wash hands thoroughly, get immunized, use tissues, cover the mouth when sneezing or coughing, or wash utensils between uses. Doing these things routinely creates the healthy behaviors which are the focus of objective K.3.

Explain that diseases caused by germs are known as infectious diseases. Other diseases, called noninfectious diseases, are not passed from person to person but are caused by a problem in the body when a body part doesn't work properly (e.g., diabetes, heart disease).
(continued on next page)

Objective: K.2 continued

Content	Teaching/Learning Strategies
	Ask students to brainstorm the names of some diseases. Write the names on circular cardboard shapes. Hold up a butterfly or fishing net and help students classify the diseases by putting into the net the names of the infectious diseases (that can be "caught") and leaving out of the net the noninfectious ones (that cannot be "caught"). If students suggest HIV/AIDS as an infectious disease, tell them that they are correct. Emphasize that HIV is not transmitted in the same manner as other infectious diseases (e.g., chicken pox, the common cold) and that HIV/AIDS can be fatal unlike most infectious diseases. If students continue to ask about HIV/AIDS, tell them that HIV/AIDS is a serious sickness. People get the disease by exchanging blood with an infected person (as in becoming "blood brothers," giving first aid without gloves, or sharing drug, tattoo, or ear-piercing needles). Infected mothers can also pass the disease to their unborn children. Deal with discussing HIV/AIDS as a sexually transmitted disease according to your school division's guidelines for this grade level.

HIV/AIDS PREVENTION EDUCATION

Objective: K.3 The student will demonstrate healthy behaviors that lead to disease prevention.

This objective relates to: Health SOL K.1, K.2, K.11, K.12, K.13, K.14, 1.1, 1.2, 1.3; HIV/AIDS K.2, 1.3; IAAS K.5, 1.2

Content

Definition of germs--tiny living things (e.g., bacteria and viruses) that cannot be seen but which can carry diseases from one person to another

Ways germs enter the body
--By inhalation (breathed in from the air)
--By ingestion (swallowed in food or water)
--By direct skin contact (from dirty hands, towels)
--By insects (mosquito and tick bites)
--By blood (if exchanged)
--By animals (bites from rabid pets, wildlife)

Healthy behaviors that can prevent the spread of germs
--Washing hands
--Covering mouth when sneezing or coughing
--Using clean cooking and eating utensils
--Using tissues to blow nose
--Keeping foreign objects out of the mouth
--Keeping flies and insects off food and utensils
--Washing certain foods
--Not eating food dropped on the floor
--Not sharing partially eaten food or drink
--Not exposing oneself to blood (no tattooing or becoming "blood brothers")
--Saying "no" to drugs and alcohol
--Giving no first-aid assistance when blood is present (get an adult)

Choices that may help lead to good health
--Making wise food choices
--Getting adequate rest (8-10 hours of sleep)

(continued on next page)

Teaching/Learning Strategies

Review the definition of germs and the ways germs enter the body.

Ask students to draw a picture of one way germs are spread.

Tell students that diseases can be prevented by healthy behaviors that prevent the spread of germs. Brainstorm a list of these behaviors.

Explain to students that using warm water when washing hands is important in order to kill germs. Illustrate by rubbing petroleum jelly on your hands and sprinkling them with pepper (to represent germs). Use cold water first and then warm water to wash your hands. Compare how much better warm water works at washing off the germs. If a sink is available, demonstrate the proper way to wash hands, including using the towel to turn off the water after you have washed your hands. Discuss times when hands should be washed.

Explain that the body is a group of systems in balance. These systems require proper health practices to keep the body in balance and in a state of wellness. Help students understand that they are personally responsible for their own health and wellness. Tell them that they make choices that show they care about themselves and want to be healthy. Explain the concept of choice with examples of choices students make (e.g., which TV show to watch, what to name a pet, how to spend money).

(continued on next page)

Objective: K.3 continued

Content

--Getting regular exercise
--Having regular medical and dental check-ups
--Getting immunized
--Practicing personal hygiene
--Dressing appropriately (for the weather)
--Maintaining a clean environment
--Expressing feelings (e.g., laughing, crying)
--Fostering relationships with family (playing, sharing thoughts and feelings)

Teaching/Learning Strategies

Make a list of healthy choices students can make for themselves, such as:
--Choosing to eat healthy food (fruit, etc.) instead of "junk" food (potato chips, candy)
--Playing outdoors instead of watching TV
--Going to bed at a regular time and getting 8-10 hours of sleep
--Brushing/flossing teeth daily
--Wearing a coat in cold weather
--Bathing daily

Divide a piece of paper/posterboard into two sections. Have students list "junk" food examples or make a collage of examples of "junk" food in one section of the paper. Then have students list or find pictures of healthy snacks and foods to complete their chart or collage.

Have students cut out pictures to make a collage illustrating healthy behaviors and choices such as those listed above. Display the collage in the room.

Alternately, you may wish to ask each student to draw a picture of a healthy thing to do to prevent disease. Bind the pictures together to create a big class book showing healthy behaviors and choices.

Have students sing a song about healthy behaviors. To the tune of "If You're Happy and You Know It," make up verses about healthy behaviors. For example:
--If you want to be real healthy, (wash your hands),
--If you want to be real healthy, (wash your hands),
(continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: K.3 continued

Content	Teaching/Learning Strategies
	--If you want to be real healthy, then you really need to know this, --If you want to be real healthy, (wash your hands). Continue singing stanzas each time inserting a different healthy behavior.

HIV/AIDS PREVENTION EDUCATION

Objective: K.4 The student will recognize the dangers of potentially hazardous substances.

This objective relates to: Health SOL K.1, 1.1; HIV/AIDS K.3, 1.1; IAAS K.1, 1.3;

Content

Definition of terms
--Poisonous
--Safe
--Unsafe

Common household substances that are dangerous if used improperly
--Bleach
--Cleaners
--Medicines
--Cosmetics
--Gasoline
--Paint
--Alcohol
--Lighter fluid
--Plants
--Pesticides
--Sprays (hair)
--Glue

Consequences of the improper use of hazardous substances
--Effect on skin
--Effect on internal organs
--Effect on eyes
--Effects of certain fumes on respiratory tract

Teaching/Learning Strategies

Introduce the concept of poison--a material that harms the body. Then tell students that there are safe and unsafe (poisonous) things to eat and drink. Some safe things we choose to eat and drink for good health are apples, orange juice, and water. However, some things around the house are unsafe (poisonous) to eat or drink. Ask students to brainstorm these. For example: bleach, household plants, medicines (without adult supervision), etc.

Label one grocery bag "Safe" and one bag "Unsafe." Bring in clean, empty containers/packages of household products and have students place them in the appropriately labeled bag. Be sure containers have been properly washed. Another approach is to affix "Mr. Yuk" poison prevention stickers to facsimiles of dangerous household products.

Obtain a large roll of paper big enough for outlining each childs body. Have each child lie on the paper; then you, a paraprofessional, or parent volunteer trace the body outline of each child. Have students cut out pictures of items that are safe for the body and paste them inside the body outline. Have them cut out pictures of unsafe substances, place them outside the body outline, and label them with the universal symbol for "no."
(continued on next page)

Objective: K.4 continued

Content	Teaching/Learning Strategies
	Explain that it is unsafe for children to eat or drink medicine without adult supervision. Discuss with students that some medicines, such as chewable vitamins, may taste like candy but are harmful if taken in large quantities.
	Discuss with students where hazardous household products and medicines should be kept in a house.
	Discuss the dangers of hazardous substances on the skin, eyes, and internal organs.

HIV/AIDS PREVENTION EDUCATION

Objective: K.5 The student will respond appropriately to the approaches of people the student knows and does not know.

This objective relates to: FLE K.6, K.7, K.8, K.9, 1.11, 1.12; Health SOL K.9, K.17, 1.19; HIV/AIDS 1.8

Content

Greeting friends and acquaintances

Definition of stranger--anyone you do not know

Appropriate responses in various situations
--Talking to community helpers who are strangers (nurse, fireman, store clerk, plumber)

--Responding to strangers when you are with a parent

--Getting away from a stranger who tries to touch you, give you something, or ask you to do something

Definitions of good touch and bad touch
--Good touch--(1) touching that can be done in front of anyone, (2) touching that is not a secret, (3) touching that makes a child feel happy and not uncomfortable, (4) touching that is done to assist with bathing or to provide medical care

--Bad touch--(1) touching on private parts of the body (the areas covered by a bathing suit), (2) touching to be kept secret, (3) touching that could produce unhappy, uncomfortable, scared, or confused feelings, (4) hitting, kicking, pinching, biting, pulling hair, pushing

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Teaching/Learning Strategies

Tell students that appropriate expressions of affection and touching are important for their well-being as well as for their family's well-being. Physical affection from family and friends usually represents good touching.

Define the differences in friends/family members and strangers. Role-play situations involving family/friends and strangers to show students how to respond in both situations. Discuss that while hugging may be a "good touch" with friends, it is not an appropriate greeting for strangers.

Using a doll, show students the differences in good touches and bad touches.

Role-play how students should respond to negative touches and report them when they occur. For example, ask students, "If a stranger offers you candy and says to come with him or her for more, what should you do?"
--Say "no" loudly.
--Get away.
--Yell for help.
--Tell a trusted adult.

HIV/AIDS PREVENTION EDUCATION

Objective: K.5 continued

Content	Teaching/Learning Strategies
Responding to bad touches --Say "no" in a loud voice. --Look the person directly in the eyes. --Use strong body language indicating you mean what you say. --Get away. Reporting a bad touch --Tell a trusted adult (a parent, teacher, grandparent, guardian, minister). --Continue to report the touch until someone listens and responds.	

HIV/AIDS PREVENTION EDUCATION

Objective: K.6 The student will develop positive social relationships within the family and community.

This objective relates to: FLE K.1, K.2, K.3, K.4, K.5, K.6, 1.1, 1.2, 1.3; Health SOL K.4, K.6, K.7, K.9, 1.6, 1.7,1.8; IAAS K.2, K.3, K.4, K.7, 1.4, 1.7

Content

Definitions of terms
--Group--a number of persons or things that form one whole
--Respect--accepting the rights of others
--Consideration--thoughtfulness
--Kindness--gentleness, helpfulness
--Courtesy--having good manners, being thoughtful of others
--Cooperation--working together

Description of positive and negative behaviors
--Positive--smiling, helping, listening, sharing, respecting privacy, praising, encouraging
--Negative--gossiping, invading a person's privacy, bullying, frowning, fighting, yelling

Effects of behavior on others
--Positive--people want to be with you
--Negative--people avoid you; they don't want to be around you

Appropriate verbal and nonverbal ways to express both pleasant and unpleasant feelings
--Affection (playing together, sharing, helping)
--Happiness (smiling, singing)
--Sadness (crying)
--Anger (walking or doing physical activity)
--Disappointment (talking to a friend or trusted adult)
--Excitement (dancing, clapping)
(continued on next page)

Teaching/Learning Strategies

Emphasize to students that they are always part of some group, for example:
--A family
--A church
--A class
--A team
--Others

Have students draw pictures of their favorite group activity at school (lunch, reading group, playground, etc.)

Compare positive behaviors that cause people to want to be with you or to have fun with you in a group (e.g., smiling, sharing, playing) with negative behaviors that cause people not to want to be with you (e.g., frowning, teasing, fighting). This can be done on chart paper with words and pictures representing positive (+) behaviors and negative behaviors (-).

With students, role-play expressions of courtesy that contribute positively to group relations (e.g., please, thank you, excuse me, hello, goodbye, I'm sorry).

Role-play situations such as:
--How to handle a bully on the playground
--How to treat a new student in the school.

Tell students that the ways a person expresses feelings can be appropriate (see suggestions in "Content") or inappropriate (e.g., screaming, stomping, cursing).
(continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: K.6 continued

Content	Teaching/Learning Strategies
--Frustration (talking to a friend or trusted adult) --Fear/anxiety (talking to a friend or trusted adult	Discuss with students appropriate ways to express both positive and negative feelings. For example: --Sadness - talk to a trusted friend or adult about why you are sad; cry --Anger - take a walk or do some physical activity to help you get over your anger --Happiness - laugh, sing, dance
Benefits of the appropriate expression of feelings --Family happiness --Friends (because people <u>like</u> you) --A good feeling about yourself (self-esteem)	Discuss with students the steps in 1) making a request, 2) accepting a reasonable "no" response, 3) accepting feedback. Have students role-play poor/good examples. Have the class point out mistakes in the poor examples.
Awareness of unacceptable types of expressions and why they are unacceptable --Cursing --Screaming --Stomping, hitting	Explain that everyone is a member of a family, regardless of its structure (e.g., families with two parents, families with one parent, families with multiple parents i.e., stepparents). Ask students to describe their families.
Behaviors contributing to a happier family life --Listening --Helping with chores --Caring for personal belongings --Cooperating --Playing with siblings --Hugging, touching --Praising, encouraging, supporting --Sharing activities	Have students brainstorm things they can do at home to help make a happier family. For a period of time, ask students to report each day what specific things they have done at home to be a better family member and to make their family happier. Have students draw pictures of their families and something they have done to make a happier family.

HIV/AIDS PREVENTION EDUCATION

Objective: K.7 The student will experience success and positive feelings about self.

This objective relates to: FLE K.1, 1.1; Health SOL K.5, K.7; IAAS K.3, 1.6

Content

Taking pride in one's body
--Accepting physical differences
--Accepting strengths and weaknesses
--Accepting a compliment

Experiencing success in school and at home
--Performing classroom tasks/home chores
--Using and storing personal belongings and work materials
--Completing work assignments/chores
--Cooperating and interacting with the group/family
--Respecting the rights and feelings and possessions of others

Handling routine situations effectively
--Sharing
--Dealing with negative behaviors
--Showing courtesy and good manners
--Accepting responsibility
--Respecting ethnic differences
--Accepting physical differences and disabilities

Teaching/Learning Strategies

Ask students if they know what fingerprints are and why they are used. Explain that fingerprints are used to identify people because no two people have identical fingerprints, not even twins.

Using ink pads and paper, have each student make his or her own set of fingerprints. Allow students to compare them and note similarities and differences. Display the prints.

Identify ways in which students are alike (physical characteristics, birth months, favorite food, etc.) and ways in which they are different or special (sex, height, weight, names, talent, behavior, etc.). Help students understand that it is okay to be different or "special." Each of us is unique or "special" in some way. Explain the importance of being friendly toward everyone in the group and accepting others as they are.

Help students make their own name badges that reflect the specialness of each of them. This is a good activity for early in the year because students can wear the badges, and you can learn their names more easily.

Cut out paper dolls of boys and girls. Let each student color or draw on the doll to make the doll resemble himself/herself. Display these on a bulletin board with the title "We All Are Special."
(continued on next page)

Objective: K.7 continued

Content	Teaching/Learning Strategies
	Have students draw pictures of something they do well and something they don't do well. Explain that we all are alike in that we all have strengths and weaknesses. This is okay--even adults have weaknesses (they forget things, get angry, etc.).
	Focus on each student's birthday as his or her "special day." On that day have each student give a compliment to the birthday girl or boy. Show students how to accept a compliment with a smile, a "thank you," "I'm so glad you like that," etc.
	Have students brainstorm things they can do at home and at school that will make them feel good about themselves. Compliment students when they do these things in class.
	Discuss the importance of accepting and respecting differences in everyone. Individuals of different ethnic groups and those with physical or mental disabilities are to be respected and accepted for their differences. Have students cut out pictures to make a bulletin board illustrating different people engaged in different activities.
	It is important that you as a teacher create a classroom environment that will enable each student to experience success and positive feelings about himself/herself. Listen to each child and accept his/her feelings and opinions openly and without put-downs. Insist that each child show courtesy and good manners to you and the other children. Protect each child from physical and emotional infringements by other children. If situations erupt in the (continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: K.7 continued

Content	Teaching/Learning Strategies
	classroom, stop and take the time then to talk about sharing, respecting others' property, etc. Encourage parents to reinforce these positive experiences at home.

HIV/AIDS PREVENTION EDUCATION

Objective: K.8 The student will demonstrate when and where to go for help.

This objective relates to: FLE K.11; Health SOL K.24

Content

Occasions when care and support are needed
--An accident
--A lost person
--Illness (self or others)
--A family crisis (divorce, moving, abuse, death)
--Fire

Deciding where to go for help

Reasons and procedures for using emergency numbers "0" and "911"

Ways care and support can be given by family members, school personnel, and community helpers
--Medical care
--Physical affection
--Counseling
--Shelter

Teaching/Learning Strategies

Explain that at times we all get ill, hurt, concerned, frightened, lost, or see a dangerous situation. It is important to know what to do at these times. Brainstorm a list of situations when a child might need help. Then make a list of individuals that may be called upon for specific situations (e.g., parents/adults, relatives, teachers, school nurse, principal, police officers, doctor, pharmacist, religious leader, counselor).

Go over reasons and procedures for using the emergency numbers "0" and "911." Stress that these are emergency numbers and should be used as such.

Have each student learn and recite his or her full name, address, telephone number, and where to go for help if he/she is lost in a mall or other public place.

Grade 1

Grade 1

HIV/AIDS PREVENTION EDUCATION

Objective: 1.1 The student will continue to differentiate between infectious (communicable) and noninfectious (noncommunicable) diseases.

This objective relates to: HIV/AIDS K.2, K.3, 2.1

Content

Review the definition of infectious disease--a disease that can be "caught" or spread directly or indirectly from one person to another

Causes of infectious diseases
--Germs--bacteria, viruses, and other organisms that enter the body through direct or indirect contact

Examples of infectious diseases
--Pneumonia, colds, flu (viral)
--Chicken pox (viral)
--Mumps (viral)
--Measles (viral)
--Small pox (viral)
--Polio (viral)
--Diphtheria (bacterial)
--Tetanus (bacterial)
--Pneumonia (bacterial)
--Mononucleosis (viral)
--Whooping cough (bacterial)
--Strep throat (bacterial)
--Rheumatic fever (bacterial)
--HIV/AIDS (viral)
--Rabies (viral)

Review of the definition of noninfectious disease--one that cannot be "caught" or spread from one person to another

Examples of noninfectious diseases
--Cancer
--Heart disease
--Diabetes
--Allergies
--Asthma

Teaching/Learning Strategies

Tell students that infectious diseases can be passed from person to person because they are spread by germs. Germs (bacteria and viruses) are very small (invisible to the eye) organisms that can spread disease. That is why it's not a good idea to come to school when you have the flu, measles, etc. You might give the disease to someone else. Infectious disease germs can be passed directly or indirectly to other people through droplet sprays during coughing or sneezing or by touching the same books an infected person has touched. Other diseases, such as allergies and asthma, however, are noninfectious and cannot be passed from person to person by germs.

Tie a piece of yarn from a ball to your finger. Pass the ball to another student and have him/her loop the yarn over one finger. Continue passing the ball in this manner until all students have yarn looped over their fingers and can visualize how germs which cause infectious diseases are spread.

Ask students to brainstorm a list of diseases that can be "caught" and diseases/disabilities that cannot be "caught." List these on the chalkboard or chart paper in chart form.

Point out that many infectious diseases are easily spread. HIV/AIDS is not spread easily but can be spread. The mention of HIV/AIDS as an infectious disease will lead directly to objective 1.2.
(continued on next page)

Objective: 1.1 continued

Content	Teaching/Learning Strategies
	Explain to students that some diseases are more serious than others. For example, colds, flu and allergies can make us sick, but these diseases are not usually life-threatening. Diseases such as HIV/AIDS, however, are usually fatal. Cancer and heart disease can also be life-threatening.

HIV/AIDS PREVENTION EDUCATION

Objective: 1.2 The student will know that HIV/AIDS is a serious disease.

This objective relates to: NEW

Content

Definition of the disease AIDS--acquired immune deficiency syndrome. At present AIDS is usually a fatal condition caused by a virus that breaks down the body's immune system, making it unable to fight off infection and disease. The virus causing AIDS is called HIV (human immunodeficiency virus).

Some of the ways the HIV/AIDS virus is not transmitted
--By playing together
--By coughing
--By sneezing
--By sharing toys or food
--By toilet seats
--By kissing or hugging
--By swimming
--By casual contact
--By insect bites
--By pets

Some of the ways the HIV is transmitted
--By exchanging blood with an infected person (becoming "blood brothers" or giving first aid without wearing gloves)
--By touching hypodermic needles
--Through contacting blood

Emphasis is on alleviating the fear of contracting HIV/AIDS

Teaching/Learning Strategies

Most students at this age do not need and cannot understand detailed facts and statistics about HIV/AIDS and behaviors that put one at risk of infection. However, they may have heard about the disease on TV, in magazines, or from older siblings. Respond to students' questions with the simplest answers. Most will be satisfied to learn that it is unlikely they will be exposed to HIV/AIDS through casual contact in their activities at home or in school. Of particular concern may be a child with HIV/AIDS who is attending school. The information given students should eliminate their anxiety and fear of casual contact with HIV-infected persons and offer them a sense of control over their own health. Assure students that if they are not infected with the disease, they do not have to get it. HIV/AIDS is very hard to get, and they will not get it just by being near or touching someone who has it.

Tell students that HIV is causing some adults to get very sick, but it does not commonly affect children.

Respond to students' questions directly and simply (limiting responses to what is asked). Provide very basic information as a foundation for more detailed information in later grades. Deal with discussing HIV/AIDS as a sexually transmitted disease according to your school division's guidelines for this grade level.

HIV/AIDS PREVENTION EDUCATION

Objective: 1.3 The student will continue to demonstrate behaviors that lead to disease prevention.

This objective relates to: Health SOL K.1, K.2, K.11, K.12, K.13, K.14, 1.1, 1.3, 2.3, 2.4; HIV/AIDS K.2, 1.1, 1.2, 2.2; IAAS K.5, 1.2

Content

Definition of germs--tiny living things (bacteria and viruses) that cannot be seen but which can cause disease

Ways germs are transmitted
--By people
--By animals
--By air
--By water
--By food
--By blood

Healthy behaviors that can prevent germ transmission
--Washing hands
--Covering mouth and nose when sneezing or coughing
--Using clean cooking and eating utensils
--Using tissues to blow nose
--Keeping foreign objects out of the mouth
--Keeping flies and insects off food and utensils
--Washing certain foods before eating them
--Not eating food dropped on the floor
--Not sharing partially eaten food/drink
--Keeping hands out of the mouth
--Not sharing towels
--Not exposing oneself to blood (no tattooing or "blood brother" rituals)
--Giving no first aid when blood is present (get an adult)

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Teaching/Learning Strategies

Point out to students that germs (e.g., bacteria and viruses) which cause infectious diseases can enter the body through direct contact, such as by kissing, touching, or through indirect contact, such as by inhaling germs from a sneeze or by using an infected person's eating utensils, toothbrush, clothing, or sharing food with an infected person.

Ask students to brainstorm things they do or choices they make at home or in the classroom to help prevent the spread of infectious diseases. Part of this may be done by having students pantomime healthy behaviors (e.g., washing hands, using tissues, being immunized, covering mouth, etc.). List students' responses on the chalkboard or chart paper.

From this list have students create a checklist titled "My Personal Wellness Responsibility Chart" to take home and share with family members. Have students complete this daily checklist/ chart for a period of time (e.g., two weeks).

Point out to students that the immunizations they were required to have before coming to school were to protect them from catching infectious diseases. Small pox and polio are diseases that have been controlled by immunizations. Tell students to ask their parents what immunizations they have had and make a list of these on the students' Personal Wellness Responsibility Charts.

(continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: 1.3 continued

Content

Choices that lead to good health
--Making wise food choices
--Getting adequate rest (8-10 hours of sleep per day)
--Maintaining physical fitness
--Practicing dental hygiene (brushing, flossing)
--Practicing personal hygiene (washing hands, bathing)
--Getting immunized
--Having regular medical and dental check-ups
--Dressing appropriately (for the weather)
--Maintaining a clean environment (preventing littering, cleaning up litter, covering garbage)
--Fostering relationships with family and friends (e.g., playing, sharing thoughts and feelings)
--Expressing feelings (laughing, crying, etc.)
--Saying "no" to drugs and alcohol

Teaching/Learning Strategies

Create a class bulletin board showing how to prevent disease. Explain that germs are sometimes called "bugs;" therefore, the whole class is going to make a giant "Bug Buster." On a large circular piece of paper, each student will draw a picture illustrating a healthy behavior or choice. Ask each student to dictate to you a sentence about his/her picture. Write the sentence below the picture. For example:
--"My polio vaccination protects me from disease."
--"My staying home with chicken pox protects others from getting it."
--"My doctor gives me a shot to keep me well."
--"I wash my hands before eating to kill germs."
--"I eat fruit for a snack instead of candy to give me good nutrition."
Draw a face on a smaller circle that represents the bug's head. Attach the students' circles to the smaller circle to create the "Bug Buster's" body.

Introduce the concept that smoking and using alcohol are unhealthy choices that people make in their lives. Smoking can cause diseases such as cancer. Drinking alcohol can physically harm the body and cause alcoholism when a person can't stop drinking.

Point out unhealthy behaviors that relate to HIV/AIDS disease (e.g., using injectable drugs, sharing needles, exchanging blood).

HIV/AIDS PREVENTION EDUCATION

Objective: 1.4 The student will know the benefits and dangers of drugs and household substances.

This objective relates to: Health SOL K.1, K.4, 1.1, 1.2, 1.16; HIV/AIDS K.3, K.4, 2.3; IAAS K.1, 1.1, 1.3, 2.6

Content

Definition of drug - any chemical substance that changes the way the body works

Definition of medicine and the difference between prescription medicine and over-the-counter medicine

Positive effects of drugs
--Benefits of medicines
--Safety rules for use of medicines

Adverse effects of drugs
--Misuse of prescription drugs
--Caffeine
--Nicotine
--Alcohol
--Street (illegal) drugs

Common household substances that are dangerous if used improperly (ingested, sniffed, etc.)
--Bleach
--Cleaners
--Medications
--Cosmetics
--Gasoline
--Solvents
--Acids
--Pesticides
--Paint
--Plants
--Lighter fluid
--Sprays (hair)
--Glue
--Alcohol
--White-out

Teaching/Learning Strategies

Define medicine as drugs that can help people feel better or fight germs in the body if used correctly.

Differentiate between prescription medicines and over-the-counter medicines. Prescription drugs (e.g., penicillin) are authorized by a doctor and are to be taken only by the person whose name appears on the prescription label. Over-the-counter medicines (e.g., cough syrup, aspirin) can be bought and taken by anyone without a doctor's order. Bring in sample empty containers of both kinds of medicines.

Discuss the benefits of medicines.
--Help the body maintain balance when it is out of balance (sick)
--Immunize against disease
--Prevent, control, and treat infection
--Prevent fever, discomfort, and pain due to accident, injury, or illness

List directions for taking medicines.
--Take medicine only with the advice of a physician.
--Take medicine in the presence of a parent, doctor, nurse, or other responsible adult.
--Never share medicines.
--Store medicines properly.
--Understand the importance of tamper-resistant caps.
--Follow the directions for taking the medicine. (Read some from the visual sample containers you brought to class.)

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Objective: 1.4 continued

Content	Teaching/Learning Strategies
Consequences of improper use of household substances --Effect on skin --Effect on internal organs --Effect on eyes --Effects of certain fumes on respiratory tract	--Throw out old medicines. --Never take a prescription drug with someone else's name on it. Have students name or cut out pictures of household substances which are poisonous if ingested or sniffed. List/paste these on chart paper labeled "Dangerous Household Substances." Discuss the dangers of drugs and household substances on the body (burning eyes, skin, lungs, etc.) and what to do if these substances are used improperly. --Call Poison Control. --Call "911." --Wash eyes with cold water. --Tell an adult immediately.

HIV/AIDS PREVENTION EDUCATION

Objective: 1.5 The student will describe ways family members care for and help one another during times of wellness and sickness.

This objective relates to: FLE K.6, K.7, 1.4, 1.5, 2.6; Health SOL K.9, 2.5, 2.7; IAAS K.6, 2.2, 2.3, 2.4

Content

Definition of family--a group of people who are biologically related and/or who live in the same household.

Definition of affection--fondness, liking

Special times when family members show care and help other family members
--When someone has done something well
--When someone is sad
--When someone is sick
--When there is a change in the family (birth, death, adoption, separation, divorce, remarriage, new siblings)
--During family gatherings
--During holidays

Ways family members show they care about and help one another
--By attending activities of each other
--By respecting each other's privacy
--By sharing in household tasks
--By understanding each other's feelings and any special needs that may exist (as with disabilities)
--By being honest and kind
--By being cheerful about work and play
--By not saying things to hurt others' feelings
--By listening to others with respect
--By being dependable
--By caring for one's belongings
--By playing with siblings
--By helping care for pets

Teaching/Learning Strategies

Have students dictate their definitions or characteristics of family and affection and record their answers on the chalk board or chart paper. Comment on the variety of definitions and relate to the variety of kinds of families.

Have students draw pictures of their families. Mount pictures on the bulletin board and note the many kinds of families. For example: extended, nuclear, single-parent, adoptive, foster, blended (stepfamily).

Have children brainstorm times when family members need help and caring.

Ask students to tell the class about family experiences and something they do or have done at home to show caring for or to help family members. You might wish to have them draw a picture or part of a mural showing caring or helping behaviors.

HIV/AIDS PREVENTION EDUCATION

Objective: 1.6 The student will experience continuing success and good feelings about self.

This objective relates to: FLE K.1, 1.1, 2.1; Health SOL K.7, 1.6, 2.5, 2.8; HIV/AIDS K.6, K.7, 1.7, 2.4; IAAS K.3, K.6,1.4, 1.6

Content

Taking pride in one's own body
--Accepting physical differences
--Receiving a compliment

Experiencing success in school and at home
--Completing tasks/chores
--Cooperating/interacting
--Using and caring for personal belongings/ work materials
--Respecting the rights/possessions/feelings of others
--Maintaining a positive attitude

Handling routine situations effectively
--Sharing
--Showing courtesy and respect
--Accepting responsibility
--Dealing with negative behaviors

Accepting others
--Giving compliments
--Showing respect for ethnic differences
--Accepting physical differences and disabilities
--Recognizing talents
--Accepting the feelings of others

Acceptable ways of expressing negative feelings
--Talking about feelings
--Walking away from a negative situation
--Substituting another activity for the one causing the problem

Teaching/Learning Strategies

Explain that every person is unique and has special talents that make him or her different from all others. Students may routinely express their special talents and experience feelings of success in the classroom by reading stories, participating in a "sharing time," writing stories and sharing them with the group, or having stories placed on a bulletin board.

As a group, name ways class members have worth. Tell ways in which people are similar and different (e.g., physical characteristics, behavior, talents, feelings and responses to situations). Explain special abilities students have.

Discuss with students how to give and to receive compliments. Have students practice playing both roles.
--Giving compliments
--Address the person by name.
--State the compliment.
--Tell how you feel about the person or characteristic. (e.g., "Beth, you are a good listener in class, and that helps me do my job better.")

(continued on next page)

Objective: 1.6 continued

Content	Teaching/Learning Strategies
	--Receiving a compliment --Say "thank you." --Do not use negatives, such as "No, I don't" or "You don't mean that," etc. These indicate a lack of self-esteem. Rather, say "Thank you very much. I'm glad you think I'm a benefit to the class."
	Explain that respect for others begins with respecting and liking yourself. To experience respect from others, you must first show them respect. Students may perform skits to act out respect for others through good manners.
	Explain that it is all right to have a range of feelings (happy, sad, angry, confused) and that there are appropriate and inappropriate ways to deal with feelings. Explore feelings through movement. As you call out an action word, (anger, happiness, sadness, etc.), have students move to show that feeling. Discuss specific body language examples (frowns, folded arms, pointing fingers, etc.). Practice acceptable ways of expressing feelings. For example, show feelings of anger without being aggressive.
	In small groups, allow students to talk about the range of feelings, what causes certain feelings to arise, and ways to deal with strong feelings (both positively and negatively). (continued on next page)

Objective: 1.6 continued

Content	Teaching/Learning Strategies
	Have students express feelings and acceptable ways to deal with feelings through drawings, paintings, collages, or booklets containing pictures and a sentence. Talk about how learning to deal with feelings can lead to success.
	Read stories about feelings in general or specific feelings.
	One of the keys to the achievement of this objective is the classroom environment you establish. Praise students' successes and give them many opportunities to succeed (by completing assignments, cooperating, caring for materials, etc.). When they do not behave appropriately, make them aware of what they have done that may cause others to have bad feelings. Point out behaviors that cause others to feel good about themselves.
	Spend some time talking with students about how to maintain a positive attitude.
	Communicate with parents that you would like them to reinforce successful experiences and self-esteem at home.

HIV/AIDS PREVENTION EDUCATION

Objective: 1.7 The student will demonstrate an awareness of and respect for the rights and feelings of others.

This objective relates to: FLE K.2,1.3, 1.9, 2.6; Health SOL 1.3, 1.5, 1.6, 1.8, 2.5, 2.8; HIV/AIDS K.6, K.7, 1.6, 2.4; IAAS 1.4, 1.7, 2.4

Content

Difference between feelings (emotions) and behavior (the way we act as a result of our thoughts and feelings)

Effects of behavior on relationships
--Positive
--Negative

Positive behaviors (to develop through classroom activities)
--Recognition of and respect for others' feelings, opinions, and possessions, including others who may have a chronic illness or disability
--Good manners as a way to express courtesy and respect for others
--Cooperation with others

Teaching/Learning Strategies

Explain that all people have feelings or emotions (e.g., happiness, sadness, anger, etc.) and that feelings are okay.

Explain that feelings influence behavior, but that a person can control his or her behavior and the ways he or she expresses feelings. For example, it is possible to feel angry without behaving aggressively. (This idea is discussed in objective 1.6.)

Introduce the term consequence--the result of a decision or a behavior--and help students see the positive and negative effects of certain behavior on others (e.g., yelling at a younger sister, sharing your lunch, keeping a friend's secret or telling it, breaking a rule, etc.).

With students, develop and display in the classroom a list of class rules that will help everyone show respect for the rights of others. For example:
--Always ask permission before borrowing someone's supplies.
--Wait to speak until no one else is talking.

Establish specific consequences for rule violations and explain the reasons for these consequences.
(continued on next page)

Objective: 1.7 continued

Content	Teaching/Learning Strategies
	Play games and perform activities that require students to express courtesy, to listen to the opinions of others, to accept those opinions even when they are different from their own, and to show respect for others' possessions. Praise students when they illustrate positive behaviors and encourage them to correct negative ones.
	Practice cooperation with others in group situations (e.g., sharing).
	Discuss with students how to work within a small group and emphasize cooperation, group identity, and the individual's role within the group. Play the "Rafting Game." Carpet squares may be used as a raft. Start with a large raft and take squares away to make it smaller. The idea is to get all the students on the smallest raft possible. Create a story to explain the decreasing size and the importance of keeping everyone on the raft.
	Play the "Robot Game." Students need to be paired as partners for this activity. A robot has been built by a clever scientist in one of the laboratories. The robot cannot see and must be taken around many obstacles (boxes, chairs, tables, etc.) to reach the second laboratory to receive its eyes. The scientist must tell the robot how to progress (forward, backward, right, left, stop, go, etc.) in order to reach the goal. If the robot touches an obstacle, it will break apart and must be taken back for other repairs. Each student will play both roles of robot and scientist. After students have played one role, reverse the roles and have them play the other.

HIV/AIDS PREVENTION EDUCATION

Objective: 1.8 The student will continue to respond to the approaches of people he or she knows and does not know.

This objective relates to: FLE K.8, K.9,1.12, 2.7; Health SOL 1.19, 2.18, 2.19; HIV/AIDS K.5, 2.5; IAAS 2.7

Content

Definition of a stranger--anyone you do not know. Comparison of stranger, family, and friend.

Appropriate responses in various situations
--Greeting friends and acquaintances
--Talking to community helpers who are strangers (nurse, fireman, store clerk, plumber)
--Responding to strangers when you are with a parent
--Getting away from a stranger who tries to touch you, give you something, or ask you to do something

Definitions of good touch, and bad touch
--Good touch--(1) touching that can be done in front of anyone, (2) touching that is not a secret, (3) touching that makes a child feel happy and not uncomfortable, (4) touching that is done to assist with bathing or to provide medical care

--Bad touch--(1) touching on private parts of the body (the areas covered by a bathing suit), (2) touching to be kept secret, (3) touching that could produce unhappy uncomfortable, scared, confused, feelings, (4) hitting, kicking, pinching, biting, pulling hair, pushing

Responding to bad touches from family members, neighbors, strangers, and others
--Say "no" in a loud voice.
(continued on next page)

Teaching/Learning Strategies

Discuss the meanings of friends, family, and strangers. Emphasize that family and true friends should never ask you to do something unsafe or harmful.

Ask students to list ways that the people in their families show affection and good touching. In going over the complete list, star (*) expressions of physical affection. Explain that physical affection is part of a loving family if the touching is good touching.

Read a story about affection. Discuss the many times we give and receive hugs in our families. Let students draw a picture of such a time and write about it.

Explain to students that when a person (other than the doctor or a parent/guardian giving a child a bath) touches the body's private parts, students should know to say "no" to the inappropriate touch whether initiated by a person familiar or unfamiliar to them. Students should get away from the negative situation and tell some trusted adult (parent, teacher, minister, grandparent, or guardian) about the situation.

Programs like "Hugs and Kisses" by Theater IV from Richmond or individuals from local sexual abuse support groups may help in the delivery of this material.
(continued on next page)

Objective: 1.8 continued

Content

--Look the person in the eyes.
--Use strong body language (mean what you say).
--Get away.

Reporting a bad touch
--Tell a trusted adult (parent, teacher, grandparent, guardian, minister).
--Continue to report the touch until someone listens or responds.

Teaching/Learning Strategies

Explain to students what to do if someone gives them a bad touch. Simplify the steps for them by writing on the chalkboard or chart paper:
--Say "no"
--Run away
--Tell someone (a parent, teacher, etc.)

Present hypothetical situations and have students practice refusal skills. For example: Pose these questions: "What if a stranger approaches you on the playground and offers you a pill or candy? What if someone offers you a ride when you are walking to a friend's house?"

HIV/AIDS PREVENTION EDUCATION

Objective: 1.9 The student will recognize feelings of wellness and will know to report symptoms of illness to responsible persons.

This objective relates to: FLE K.10, 2.2; Health SOL K.5, K.24, 1.4, 1.5; HIV/AIDS K.1, K.8, 2.6

Content

Factors that encompass wellness and illness

Symptoms of illness that need to be reported
--Fever
--Pain
--Upset stomach
--Unexplained sleepiness
--Headache
--Soreness
--Sleeplessness

Responsible persons to report illness to
--Parents/guardians
--Child-care providers
--Teachers
--Grandparents
--Siblings (older)
--Other relatives
--Family friends
--School nurse
--School social worker/visiting teacher
--Principal
--Police officer

Services of health professionals and community resources
--Hospital
--Clinic
--Doctor
--Ambulance squad
--Social services agency
--Pharmacist
--Religious representative

Teaching/Learning Strategies

Discuss symptoms to look for as indicators of illness, such as fever, pain, upset stomach, headache, extreme sleepiness, stress, etc. Compare these symptoms with the feelings and attitudes that are associated with being well, such as happiness, excitement, friendliness, playfulness, cooperativeness, alertness and lack of stress.

Tell students that if they have any of the symptoms of illness discussed, they should tell an adult (a parent, teacher, babysitter, etc.) because signs of illness often cannot be detected outwardly by someone else.

Ask students to relate personal experiences about visits to the dentist, doctor, pharmacist, or hospital to stay or to receive treatment.

Have students cut out pictures and make a class collage of people who can help in times of illness.

Grade 2

HIV/AIDS PREVENTION EDUCATION

Objective: 2.1 The student will review the facts about HIV/AIDS as a serious infectious (communicable) disease.

This objective relates to: HIV/AIDS 1.2, 3.1

Content

Definition of the disease AIDS (acquired immune deficiency syndrome)--the HIV usually a fatal condition caused by virus that breaks down the body's immune system, making it unable to fight off infections and cancers.

Some of the ways the HIV/AIDS virus is not transmitted
--By playing together
--By using public toilets
--By sharing toys or food
--By kissing
--By coughing or sneezing
--By insect bites
--By pets
--By casual contact (sitting next to someone)
--By hugging or touching
--By using public swimming pools
--By donating blood

Some of the ways HIV/AIDS is transmitted
--By exchanging blood with an infected person (as in becoming "blood brothers" or giving first aid without gloves)
--By sharing needles (injectable drug, tattoo, or ear-piercing) with an infected person
--By an infected mother to her unborn baby

Emphasis is on alleviating the fear of contracting HIV/AIDS

Teaching/Learning Strategies

Review information that HIV infection and the disease AIDS can be transmitted to other people but that most young children do not have to worry about getting the virus. Explain that HIV/AIDS cannot be transmitted by holding hands or touching objects an infected person has touched. If a student does not have the virus, he or she does not have to get it.

If the idea of the sexual transmission of HIV/AIDS is mentioned by students, deal with their questions simply. Limit your responses to what is asked and what is in accordance with your school division's guidelines for this grade level. If there is an HIV-infected child in your school, you will especially want to allay children's fears about getting the disease through casual contact. The point is to make students aware of HIV/AIDS, not to frighten them.

HIV/AIDS PREVENTION EDUCATION

Objective: 2.2 The student will continue to practice good personal health habits.

This objective relates to: FLE 1.10, 3.3, 3.4; Health SOL 1.1, 1.3, 1.10, 1.11, 1.12, 1.13, 1.14, 2.3, 2.4, 2.10, 2.11, 2.12, 2.13, 2.14, 3.7, 3.9, 3.10, 3.11, 3.13, 3.14; HIV/AIDS 1.3, 3.4; IAAS 1.2, 3.9

Content

Definitions of health and habit

Good personal health behaviors that keep the body well
--Cleanliness
--Dental hygiene (brushing, flossing)
--Proper nutrition
--Frequent exercise
--Adequate rest
--Medical check-ups
--Wearing proper clothing for seasonal changes

Other habits that prevent the spread of disease
--Washing hands before eating and after using the bathroom
--Covering the mouth and nose when sneezing and coughing
--Using clean eating utensils
--Keeping foreign objects and hands out of the mouth
--Keeping flies and other insects off food and utensils
--Using tissues to blow nose
--Washing certain foods before eating them
--Not sharing food
--Not sharing towels
--Not eating food dropped on the floor
--Avoiding exposure to persons with an infectious disease
--Not touching blood from another person

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Teaching/Learning Strategies

Define health as the general condition of the body and mind.

Define habit as anything done on a regular basis (e.g., getting a snack after school, going to bed at 9:00 p.m., etc.).

Explain to students that we all need to develop good health habits to keep our bodies and our minds well.

Ask students to brainstorm a list of habits they perform before school, at home, at meals, in school, etc., to maintain good health.

Ask students to use the habits named in the brainstorming, to prepare a contract/checklist of "I will..." statements of things they will do routinely for good health. Ask students to take their lists home and share them with their families. Have students keep the contract/checklist over a period of time (2 weeks) to reflect their personal responsibility for their own health.

When talking about good personal health, students at this level probably do not think about their mental and emotional health. Stress that it is important to develop good mental and emotional health because the mind/emotions can have some control over the physical health.

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Objective: 2.2 continued

Content	Teaching/Learning Strategies
Good health habits that keep the mind well --Liking oneself --Recognizing/handling stress --Developing appropriate leisure-time activities --Having friends	Emphasize that the ways students spend their free time contribute to their mental and emotional health as well as to their physical health. Have students draw a pie-shaped graph and label each piece with an activity they do during free time (watch TV, exercise, sleep, eat, play, etc.). The size of the pieces should correspond to how much time they spend on the activity. Have students draw a new circle and label it "My Healthy Wheel of Fortune." Divide the circle into pie-shaped pieces and label each piece with a new leisure-time activity (e.g., reading, exercising, playing sports, making things, talking with friends). Display these circles in the classroom and discuss the variety of new activities suggested. Point out that these types of activities help us deal with stress in our lives and keep our minds/emotions in balance.

HIV/AIDS PREVENTION EDUCATION

Objective: 2.3 The student will define drugs as substances that affect the mind and/or body functions.

This objective relates to: Health SOL 1.2, 2.1, 3.1, 3.13; HIV/AIDS 1.4; IAAS 1.3, 2.6, 3.3, 3.4, 3.5

Content

Definitions of terms
--Drugs
--Habit-forming (addictive)
--Toxic

Identification of drugs (legal and illegal)
--Alcohol (found in beer, wine, wine coolers)
--Nicotine (found in cigarettes, smokeless tobacco, liquor)
--Caffeine (found in coffee, tea, chocolate, and some soft drinks)
--Prescription drugs (penicillin, antibiotics, etc.)
--Over-the-counter drugs (Tylenol, aspirin, cough medicine, etc.)
--Street drugs (cocaine, heroin, crack, etc.)

Ways drugs can affect the mind and/or body functions
--Positive effects of prescription or over-the-counter medication, if taken properly
  --Helps the body maintain balance when it is out of balance (sick)
  --Immunizes against disease
  --Prevents, controls, and treats infection
  --Prevents fever, discomfort, and pain due to accident, injury, or illness

--Adverse effects of other drugs, such as alcohol, nicotine, caffeine, and street drugs

  --Alcohol
  --Causes sleepiness
  --Makes a person dizzy
  --Makes a person act silly

(continued on next page)

Teaching/Learning Strategies

Define drugs as substances that change the way the mind and/or body works. Identify legal drugs, such as prescription drugs, over-the-counter medicines, alcohol, nicotine, caffeine, and illegal drugs, such as street drugs (heroin, cocaine, crack, etc.).

Explain that prescription and over-the-counter medicines, when used properly, can have positive effects on the body and that alcohol, nicotine, caffeine, and street drugs have negative effects on the body. Emphasize that any medicine can be dangerous if it is taken improperly. Caution students never to take medicine unless it is given by a parent, doctor, dentist, or trusted adult.

Ask students to tell of incidents they have seen on TV or in movies or have read about that show the negative effects of alcohol, nicotine, and other drugs. List these negative effects on the chalkboard or chart paper.

Help students understand that commonly used chemical and household substances can be toxic (poisonous) and that some substances can be habit forming (addictive). Therefore, it is dangerous to ingest, sniff, or touch poisonous substances such as gasoline, cleaners, acids, solvents, glue, hairspray, plant food, soap, etc.
(continued on next page)

Objective: 2.3 continued

Content	Teaching/Learning Strategies
--Makes a person sick --Damages liver, brain, heart --Is habit forming (addictive) --Nicotine --Can cause cancer in lungs, mouth, throat, nose --Clogs respiratory system --Causes bad breath and yellow teeth --Constricts blood vessels --Is habit forming (addictive) --Caffeine --Increases heart rate --Causes insomnia --May be linked to heart disease, cancer, kidney disturbances, low blood sugar, hyperactivity --Street drugs --Can cause infants to be premature, stillborn, or addicted (of pregnant drug-using mothers) --Elevates blood pressure, heart rate, respiratory rate, body temperature --Can cause convulsions, siezures, coma --Can cause death (from overdose) --Can lead to HIV/AIDS, hepatitis (from sharing needles) --Causes brain damage --Can create psychological and physical dependency	Caution students that poisonous household substances can often look like another substance if these substances are stored in glass jars (e.g., rubbing alcohol can resemble water). Also, some prescription medicines (i.e., pills or capsules) may look like candy. Caution students NEVER to eat/drink substances they find around the house unless students are <u>sure</u> of what they are eating or drinking. It is always safe to consult an adult first. Have students work in small groups to create slogans to discourage the use of alcohol and drugs (e.g., "Nicotine Is Nasty, Drugs Are Dumb, Drugs Are Deadly"). Display these slogans around the room. Divide students into small groups, each group representing a drug (alcohol, caffeine, nicotine, street drugs). Have each group present a skit demonstrating the harmful effects of the drug assigned to the group. For example: "I am alcohol. I cause people to be dizzy and stumble when they walk," etc.

HIV/AIDS PREVENTION EDUCATION

Objective: 2.4 The student will continue to develop positive social relationships within the family and community.

This objective relates to: FLE 1.3, 1.4, 2.4, 2.5, 2.6; Health SOL 1.3, 1.5, 1.6 2.5, 3.12; HIV/AIDS 1.5, 1.6, 1.7, 3.5, 3.6; IAAS 1.4, 1.7, 2.3, 2.4, 2.5, 3.6, 3.7

Content

Definitions of family and friend

Behaviors that contribute to the happiness of a family
--Helping with chores
--Using courtesy and good manners
--Cooperating in work and play
--Caring for personal belongings
--Playing with or helping siblings

Behaviors that contribute to good friendships
--Being dependable
--Sharing
--Cooperating in work and play
--Being honest and kind
--Listening to others with respect
--Not saying things to hurt others' feelings
--Helping others when they need help
--Being cheerful about work and play
--Using good manners and courtesy
--Accepting others' attitudes and feelings
--Providing positive reinforcement to others

Physical affection shown to
--Shown to family members and friends
--Not shown to acquaintances and strangers

Occasions to show physical affection
--In greeting and departing
--At celebrations
--In showing concern or praise
(continued on next page)

Teaching/Learning Strategies

Ask volunteers to name qualities of a family and a friend. Write responses on the chalkboard or chart paper. Create definitions for family and for friend that encompass the major qualities students have mentioned.

Emphasize that a caring family and real friends will like/love us and want the best for us at all times. Caring family and friends will never ask us to do things that are wrong or harmful.

Ask students to brainstorm a list of behaviors that help to create happy feelings in the family. Create another list of characteristics of a good friend. As a group, ask students to complete such statements as:
--"I try to create a happy family attitude by..."
--"I try to be a good friend by..."

Have students bring pictures to make a class collage showing different facets of family life and friendship. Students may want to bring pictures of their own families.

Discuss the idea of physical affection, the occasions to show physical affection, and the appropriate people whom one should give physical affection--family members and friends, not acquaintances and strangers. Discuss appropriate ways to show affection.
(continued on next page)

Objective: 2.4 Continued

Content	Teaching/Learning Strategies
Appropriate ways to show affection --With a hug and/or a kiss --With a pat on the back --With a handshake	Discuss ways to show affection and respect for people who are different (i.e., those who may be disabled, aged, physically different, ethnically different, etc.).
Ways to show respect for others --Accept differences among people (ethnic, religious, personality, physical) --View persons with a chronic illness or disability as unique individuals with many strengths	Create a hypothetical situation that involves the enrollment of a new student in class. Select two groups of students from the class for a role-play situation. One group will demonstrate excluding behaviors, and the second group will demonstrate including behaviors toward the "new kids" in the group. Discuss the impact of these behaviors on the new student and on the entire class atmosphere of the class.
	Create a class song to the tune of "Row, Row, Row Your Boat" to welcome new students. For example: "Welcome, welcome, welcome Sally, Welcome to our group. We are glad to have you here, We hope you'll join our troop."
	Have a "Special Needs" Awareness Day. Set aside several hours for children to try out wheelchairs, crutches, glasses, hearing devices, communication devices, casts, and safe medical supplies so that they can better understand, accept, and respect those family and community members who have special needs. Be cautious about keeping students' focus on the purpose of the activity.

HIV/AIDS PREVENTION EDUCATION

Objective: 2.5 The student will identify and demonstrate refusal skills.

This objective relates to: FLE 1.12, 2.7, 3.11; Health SOL 1.19, 2.2, 2.18, 3.3, 3.24; HIV/AIDS 1.8, 3.4; IAAS 2.1, 2.7

Content

Definition/examples of trust

Questions to ask when making a decision
--Is it safe?
--Would my parents/teachers approve?
--What are the consequences?
--Is it legal?

Refusal skills
--Say "no" loudly and as soon as possible.
--Look the person in the eyes.
--Look as if you mean it.
--Walk away.

Reporting inappropriate touches or offers of drugs
--Tell a trusted adult (parent, teacher, grandparent).
--Continue to report until someone listens or responds.

Teaching/Learning Strategies

Define the term trust as a feeling of confidence in someone (e.g., trusting someone with a secret, talking with a classroom teacher or guidance counselor openly and sharing your feelings, sharing personal possessions with friends when you know they will be returned intact).

Brainstorm a list of adults (or particular groups) that can be trusted, such as a parent, teacher, member of the clergy, grandparent, guardian, police officer, firefighter, rescue squad worker.

Explain that we can usually trust our family and true friends because they will not ask us to do anything that is wrong or will harm us. However, we have to learn to make wise decisions so that we can determine whether to say "yes" or "no" (a refusal) to requests or demands made on us. Sometimes children may be tempted by strangers (people we don't know), "friends," or even family members to perform actions that are wrong or harmful. Students must know how to ask the appropriate questions (See "Content") that will help them to make wise decisions.

Help students be alert to potential danger from people, such as staring, following, bribing, offering rides, getting too close, "friendly" coercion, and inappropriate touching. Use videotapes, films, or skits to help students know how to deal with these dangerous situations. Ask students what actions would be appropriate in situations

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Objective: 2.5 continued

Content	Teaching/Learning Strategies
	such as the following: --Someone offers you a ride in a car --Someone asks you to walk in the woods --Someone offers you candy --Someone asks you to come into his or her house
	Students should advance in their readiness to say "no" to drugs or negative situations, be able to walk away from dangerous conditions, and tell a trusted adult about the experience.
	Care must be taken to avoid defining discipline as "inappropriate" or "unwanted" touches.
	Have students design posters encouraging other students to say "no" to inappropriate approaches.
	Individually or in groups, students may write stories explaining how students can be confronted and deal with negative situations.

HIV/AIDS PREVENTION EDUCATION

Objective: 2.6 The student will name relatives, neighbors, and individuals in the community who can fulfill the health needs of youth.

This objective relates to: New

Content

Situations where help may be needed
--Getting sick or hurt on a playground
--Getting sick or hurt at a friend's home
--Getting sick or hurt at school
--Getting sick or hurt when home alone

Parents'/guardians' phone number(s) at home and work

People to call for help if parents are not there
--Neighbors
--Relatives
--Doctor
--Family friends
--"911" number

Family doctor's name and phone number

Role of community health-care workers
--Hospital
--Doctor
--Rescue squad

Teaching/Learning Strategies

Ask students to brainstorm a list of situations when they may need health care or help. Then discuss procedures for obtaining help in each situation.

As a homework assignment, have each student, with the help of parents, make a list of people and phone numbers the student can contact in an emergency (home and at work). For example: mother, father, teacher, police, hospital, doctor, fire, religious representative, neighbor, relative.

Upon request by the teacher or nurse, the student should be able to give the name of his or her doctor.

Students should know procedures for using a pay phone (without money) in an emergency situation.

Have students role-play ways to get help in emergency situations (on the playground, at home alone, at school, when lost). Teach children the responsible use of the "911" emergency number.

Make a list of nonfamily/community members who provide care and support for children (e.g., teachers, social workers, medical personnel, child-care personnel). Discuss ways that each person/group is helpful.

Grade 3

Grade 3

HIV/AIDS PREVENTION EDUCATION

Objective: 3.1 The student will identify HIV/AIDS as a serious infectious disease.

This objective relates to: HIV/AIDS 2.1, 3.2, 3.3, 4.1, 4.2, 4.3

Content

Facts about the disease AIDS
--It is caused by a virus (HIV).
--It is a disease that can be "caught."
--It weakens the body's immune system and makes it unable to fight infection or cancer.
--It is usually a fatal (deadly) disease.
--There is no known cure for HIV/AIDS.
--HIV infection can be prevented.

Ways HIV is <u>not</u> transmitted
--By shaking hands
--By getting a shot from the doctor
--By using a public phone
--By playing with a friend who has AIDS
--By hugging
--By kissing (unless there are cuts or sores in the mouth)
--By classroom contact
--By coughing
--By sneezing
--By touching toilet seats
--By touching door knobs
--By sharing food, pencils, toys, dishes
--By insect bites
--In swimming pools
--By pets
--By giving blood or having a blood test

Ways HIV/AIDS is transmitted
--By exchanging blood with an infected person (as in becoming "blood brothers" or giving first aid without gloves)
--By sharing needles (injectable drug, tatoo, ear-piercing) with an infected person

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Teaching/Learning Strategies

Students should understand that although HIV/AIDS is a serious illness, it is hard to get and is not easily spread from person to person by casual contact.

Most students at this age do not need and cannot understand detailed facts and statistics about HIV/AIDS. In order to ease needless anxiety and give students a sense of control over their own health, reassure them that they are not in danger of getting HIV/AIDS from normal day-to-day contact.

Have students cut sheets of paper into strips and write on the strips the ways HIV/AIDS is and is not transmitted. Then have students draw a chart with two columns. Title one "How A Person Gets HIV/AIDS" and the other "How A Person Does Not Get HIV/AIDS." Paste the strips of paper in the appropriate columns. Deal with the issue of HIV/AIDS as a sexually transmitted disease according to your school division's guidelines for this grade level.

Create a mural depicting how HIV is not transmitted.

HIV/AIDS PREVENTION EDUCATION

Objective: 3.1 continued

Content	Teaching/Learning Strategies
--By an infected mother to her unborn baby --By sexual intercourse Emphasis is on alleviating the fear of contracting HIV/AIDS	

HIV/AIDS PREVENTION EDUCATION

Objective: 3.2 The student will state various ways the body may become diseased.

This objective relates to: Health SOL 3.7, 4.5; HIV/AIDS 2.1, 3.1, 4.1, 4.3

Content

Causes of infectious (communicable) diseases (e.g., colds, measles, mumps, chicken pox)
--Germs
  --Bacteria
  --Viruses

Ways germs are spread
--By people
--By food
--By animals
--By air
--By water
--By blood

Definition of epidemics--outbreaks of contagious diseases that spread rapidly among more individuals in an area than expected

Causes of noninfectious (noncommunicable) diseases (e.g., diabetes, heart disorders, cancer)
--Heredity
--Lifestyle
--Unknowns

Teaching/Learning Strategies

Have students brainstorm a list of common diseases. Help them classify the list into two categories: infectious (communicable) or noninfectious (noncommunicable). Discuss the causes of both kinds of disease.

Illustrate the spread of disease germs by sprinkling glitter on your hand. Shake a student's hand; then have this student shake another student's hand, etc. Tell students that the glitter represents infectious disease germs which are spread from person to person. When everyone has glitter on his/her hands, students will understand how epidemics develop (e.g., flu epidemics or a measles outbreak at school).

To illustrate the containment of noninfectious disease germs, put a glove on your hand to cover the glitter. Explain to students that you still have disease germs; however, they cannot be spread. Shake hands with the class to show that no more glitter (infectious disease germs) is spread to others. Explain that noninfectious diseases may be caused by heredity (i.e., genes from parents), lifestyle (i.e., a poor diet can sometimes cause diabetes or heart disorders), or environment (i.e., asbestos may cause cancer). Some noninfectious diseases have unknown causes.

HIV/AIDS PREVENTION EDUCATION

Objective: 3.3 The student will recognize major organs and systems of the human body and describe their functions.

This objective relates to: Health SOL 3.16, 4.19

Content

Major organs of the body
--Heart
--Lungs
--Stomach

Major systems of the body
--Respiratory
--Digestive
--Circulatory
--Immune
--Nervous
--Skeletal

Interrelationships of body systems
--The nervous system transfers brain messages into body actions.
--The respiratory system depends on the circulatory system for distributing oxygen in the body.
--The digestive system depends on the blood (circulatory system) to supply nutrients to the body.
--The immune system protects the whole body from disease and allows the other systems to continue functioning.

Teaching/Learning Strategies

Most health textbooks have numerous activities and worksheets that relate to this objective. Many nonprofit health agencies, such as the American Heart Association, the American Cancer Society, and the American Lung Association, have pictorial representations of some of these body systems.

Divide the class into six groups. Each group will select a body system to study. Students will read from library or health texts about the system. Each group will present to the class a report that includes
--the name of the body system
--the main job of the system
--how the system does its job
--how the system interrelates with other systems
--how to keep the system healthy.

Students may use creative dramatics in their reports. Group members may play the roles of the parts of a particular system, (e.g., the heart, the lungs, the stomach) and give first-person accounts of their functions.

Alternately, students may use body movement to demonstrate the function of a system. For example, students may demonstrate the immune system by selecting roles of specific parts of the system: form a circle; have a narrator stand inside the circle and talk about how the immune system protects against illness. When disease germs
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Objective: 3.3 continued

Content	Teaching/Learning Strategies
	approach the circle, antibodies go out of the circle, attach to the germs, and then destroy the unhealthy germs. As long as the system remains intact, the system kills the germs and the person remains healthy. When students understand the workings of each major system, discuss ways the systems work together in order for the whole body to function properly.

HIV/AIDS PREVENTION EDUCATION

Objective: 3.4 The student will identify good health habits and safety practices that contribute to wellness.

This objective relates to: FLE 3.3, 3.4, 3.10, 3.11; Health SOL 2.15, 2.16, 2.17, 2.18, 2.19, 2.20, 2,21, 3.3, 3.7, 3.9, 3.10, 3.11, 3.17, 3.18, 3.19, 3.20, 3.21, 3.22, 3.23, 3.24, 4.21, 4.22, 4.23 3.24; IAAS 2.6, 2.7, 3.8, 3.9

Content

Personal health habits contributing to wellness

--Physical
- --Proper nutrition
- --Frequent exercise
- --Medical and dental check-ups
- --Avoidance of drug use
- --Sufficient rest
- --Cleanliness

--Mental/Emotional
- --Recognizing and handling stress
- --Developing appropriate leisure-time activities
- --Having friends
- --Liking oneself (self-esteem)

Safety practices to decrease risks
- --At home (crossing streets, wearing seat belts)
- --At school (fire drills)
- --In personal life (saying "no" to, getting away from, and telling a trusted adult about inappropriate touches)
- --During leisure-time activities (on a bicycle, on the playground)
- --Getting help when injured (from a trusted adult)
- --Not touching another's blood (call an adult)

Teaching/Learning Strategies

Have students write in journals a list of completions to the statement: "To keep healthy, I..."

Write the word "wellness" on the chalkboard or chart paper and circle the word. Then draw four lines and circles going out from the original word like branches. Write the words "Physical," "Emotional," "Mental," and "Safety" in the circles. Ask students, using the lists they created in their journals, to brainstorm a list of habits that help keep them healthy (physically, emotionally, and mentally) and safe.

Students can make a "wellness" flower or tree. Cut out petals or leaves and write on each petal/leaf a behavior that contributes to total wellness. Tape leaves to the tree.

Encourage students to develop appropriate leisure-time activities. Have a "Hobby Fair," to which students bring materials related to their hobbies, display the materials, and talk about their hobbies.

Have students make posters or give skits promoting various safety practices at home, at school, or at play.
(continued on next page)

Objective: 3.4 continued

Content	Teaching/Learning Strategies
	Explain the dangers of touching the blood of others. The HIV virus can be spread through the blood. Warn students against "blood brother" rituals or giving first aid without wearing gloves.

HIV/AIDS PREVENTION EDUCATION

Objective: 3.5 The student will identify qualities of positive social relationships.

This objective relates to: FLE 2.4, 3.1, 3.2, 3.9; Health SOL 1.6, 1.8, 2.5, 3.12, 4.9, 4.11; IAAS 3.6, 3.7, 4.3

Content

Definition/importance of self-esteem

Building self-esteem

Definition of a real friend

Behaviors that lead to making/keeping friends
--Having friendly attitudes
--Showing sensitivity to others' feelings
--Sharing
--Cooperating in work and play
--Accepting others' attitudes and feelings
--Using kind language and appropriate manners
--Providing positive reinforcement to others

Behaviors that lose friends
--Lying
--Cheating
--Breaking promises
--Gossiping
--Being verbally abusive
--Being physically aggressive
--Not respecting others' property

Teaching/Learning Strategies

Tell students that self-esteem is the way we feel about ourselves. When we have self-esteem, we love ourselves and are also able to get along well with others. It is important to do the following before you can be a friend to others:
--Understand your feelings--when you are kind as well as when you are impatient.
--Be aware of what you do well.
--Know that you are a worthwhile person.
--Love yourself; then, you will take care of your health.

Explain that a real friend is someone who likes us the way we are, who likes to spend time with us, and who never asks us to do anything that would hurt us or make us feel uncomfortable.

Help students understand these ideas:
--You can have more than one friend.
--Not every playmate is a real friend.

Have students brainstorm the positive behaviors that help us make and keep friends. List these on chart paper in a column under a smiley face. Then list negative behaviors that lose friends in a column under a frowning face.

Have students write a "want ad" for a friend. List all desired characteristics.
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Objective: 3.5 continued

Content	Teaching/Learning Strategies
	Have students write in their journals or notebooks about a "very good" friend. They should tell the reasons why the person is a "very good" friend. On a separate page, ask students to complete these statements: --"I am a good friend because I..." --"I would be a better friend if I would..."

HIV/AIDS PREVENTION EDUCATION

Objective: 3.6 The student will recognize that family members are interdependent.

This objective relates to: FLE 3.3, 3.4, 4.6; Health SOL 2.7, 3.9, 4.12; HIV/AIDS 2.4, 3.5, 4.6; IAAS 2.2, 2.3, 4.5

Content

Definition of family

Kinds of roles and responsibilities of family members

Changes in family living that may affect daily routines and produce strong feelings
--Moving
--Loss of income
--Separation/divorce
--New baby
--Remarriage/new siblings
--Illness
--Death (family, friends, pets)
--Children leaving home
--Birth of a child with a disability

Coping strategies for dealing with feelings produced by changes in the family
--Physical activity (exercise and games)
--Talking about feelings openly with a trusted adult or friends
--Reading books, seeing movies, and discussing them
--Creative expressions (writing, art, music, dance)
--Developing ways to remember a loved one (e.g., special family rituals on anniversary/dates, keeping pictures/ favorite treasures in a visible location)

School and community resources for dealing with changes in families
--Counselors
--Support groups
--Hotlines

Teaching/Learning Strategies

Have students brainstorm their personal definitions/descriptions of family. Write these on the board and see if the class can arrive at a consensus definition of family.

Discuss different kinds of families--extended, nuclear, single-parent, adopted, foster, and blended (stepfamilies).

Have students draw pictures of their families or cut out pictures and create a family.

Ask students to name characteristics of their families--(e.g., eating meals together, helping each other with chores, going to a place of worship together).

Ask students to name TV families and discuss positive and negative traits of these families.

Discuss how each family member has a responsibility to contribute to the family's well-being and happiness. For example:
--Parents are responsible for providing a home, food, and clothes.
--Children are responsible for helping with household chores.
--Everyone is responsible for keeping the home safe and clean.
--Older children should set examples for younger brothers and sisters.
--Everyone should show love and respect through the things they say to and do for each other.

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Objective: 3.6 continued

Content	Teaching/Learning Strategies
	--Everyone should work and play together. --Everyone should help disabled, ill, or elderly family members and respect them for what they do well. Allow students to script their own scenes of family living (i.e., the family at mealtime, on vacation, preparing a meal, or playing a game). Ask students to select the role of a family member and demonstrate the person's responsibilities in the scripted event. Ask students to relate possible family experiences that may involve changes and produce strong feelings (e.g., moving, death, illness). Discuss ways of coping with the changes, including utilizing school and community resources. Encourage students to use "I feel" statements as a method of expressing feelings when they have disagreements with family or friends. First, have the students practice writing appropriate "I feel" statements using the following formula: --When you (statement of problem behavior), --I feel (express your feeling) --Because (reasons for your feeling) --I would like (action you expect) Suggested problems may include --Using personal items without permission --Breaking/losing a favorite toy --The death of a favorite pet Later, have the students practice the "I feel" formula verbally.

HIV/AIDS PREVENTION EDUCATION

Objective: 3.7 The student will identify local resources that are available for help, information, and counseling.

This objective relates to: HIV/AIDS 2.6, 3.7

Content

Health-care resources
--Doctor
--Nurse
--Dentist
--Dental hygienist
--Poison Control Center
--Emergency medical technician

School resources
--Teacher
--Guidance counselor
--Social worker (visiting teacher)
--Principal

Community resources
--Police officer
--Fireman
--Religious representative
--Librarian

Teaching/Learning Strategies

Discuss local resources that can be helpful during emergencies, problems, and illnesses (e.g., the family, teacher, school nurse, guidance counselor, principal, police officer, doctor, religious leader, poison control center, dental hygienist, EMT, and the library).

Have students make a booklet of "School and Community Helpers" that includes the names and phone numbers of resources. The booklet should be shared with parents.

Invite a community health helper to be a guest in the classroom (e.g., nurse, police officer, EMT, pharmacist, fireman, doctor, dentist, or religious leader).

Grade 4

Grade 4

HIV/AIDS PREVENTION EDUCATION

Objective: 4.1 The student will define and discuss basic information about HIV/AIDS.

This objective relates to: Health SOL 4.4, 4.5, 4.6, 4.7, 4.8; HIV/AIDS 3.1, 3.2, 4.2, 5.1

Content

Definition of AIDS--(acquired immuno-deficiency syndrome)--a serious disease caused by a virus (HIV) that breaks down the immune system and makes the body unable to resist infections or cancers that it normally could fight.

Ways HIV/AIDS is transmitted
--By exchanging blood
  --Sharing injectable drug needles
  --Sharing tattoo or ear-piercing needles
  --Becoming "blood brothers"
  --Giving first aid without gloves
--By an infected mother to her unborn child
--By sexual intercourse

Ways HIV/AIDS is not transmitted
--By being in the same room with an infected person
--By donating blood (to a blood bank)
--By sharing a soda or food
--By touching or hugging
--By sneezing
--By using public toilets or swimming pools
--By animals or insects
--By having a blood test

Teaching/Learning Strategies

Students should understand how the HIV virus is spread so that they will know that everyday contact with an infected person will not put them in danger of getting the disease. At this level the information should serve to communicate the realities of the HIV epidemic without unduly frightening students. Deal with HIV/AIDS as a sexually transmitted disease according to your school division's guidelines for this grade level.

Assess what students already know about HIV/AIDS by having them write in their journals/notebooks answers to the following questions:
--What is HIV/AIDS?
--How is HIV/AIDS spread?
--Why should people learn about HIV/AIDS?
--What questions do you have about HIV/AIDS?
--How can HIV/AIDS be prevented?
--Is there a cure for HIV/AIDS?

After examining students' journals/papers, discuss what the acronym AIDS means:
A--Acquired, from someone else
I--Immune, the body's defense system against disease
D--Deficiency, a decrease or lack of
S--Syndrome, a set of clinical and laboratory results

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HIV/AIDS PREVENTION EDUCATION

Objective: 4.1 continued

Content	Teaching/Learning Strategies
	Explain that AIDS is caused by a virus--HIV (human immunodeficiency virus)--which is able to infect and kill white blood cells. If enough of these white blood cells are killed, the infected person is no longer able to fight off infections or cancer. Eventually even relatively harmless germs that exist normally in the human body are able to cause life-threatening illnesses. When this happens, a person is said to have AIDS. Discuss ways HIV/AIDS is transmitted and is not transmitted. Dispel any misconceptions students may have shown in their previous written answers. Assure students that they do not need to fear getting HIV/AIDS from casual, everyday contact. Have students draw the universal "no" symbol and write/illustrate ways to stop HIV infection.

HIV/AIDS PREVENTION EDUCATION

Objective: 4.2 The student will outline how systems of the body work together.

This objective relates to: FLE 4.1; Health SOL 4.18, 4.19; HIV/AIDS 3.3, 4.1, 5.2

Content

Definitions of terms
--Cell--the smallest unit of living matter
--Tissue--a collection of similar cells
--Organ--a part of the body, adapted for a specific function
--Body system--a group of body organs and parts that work together

Body systems and their functions
--Skeletal (gives the body a framework)
--Muscular (enables movement)
--Circulatory (moves blood through the body and carries food and oxygen to cells)
--Respiratory (helps breathing)
--Reproductive (allows for birth of children)
--Nervous (enables thinking and action)
--Immune (protects the body from disease)
--Digestive (changes food into a form cells can use)

Interrelationships of body systems
--The skeletal system provides the framework to hold all organs, glands, and muscles in place.
--The muscular system moves all the body parts.
--The circulatory system distributes oxygen for the respiratory system.
--The immune system enables all body systems to continue functioning as it fights off infections in the entire body.

Teaching/Learning Strategies

Explain that all parts of our bodies are alike in one way. All parts are made up of tiny cells, the smallest parts of the body (similar to building blocks). Cells of the same kind group themsleves together to form tissue (e.g., muscle tissue, nerve tissue, or nerves, etc.). Two or more kinds of tissue group together to form an organ. In a body organ the different tissues work together for a special purpose. For example, in the eye (a major organ), nerve tissue sends messages about light to the brain, and muscle tissue in the eye moves the eyeballs.

Ask students to brainstorm major organs in the body (heart, eye, brain, lungs, stomach). Explain that body organs and parts work together as body systems to keep us alive and healthy (e.g., the nervous system, circulatory system, etc.). Ask students to name body systems and their functions.

Teach the meaning of analogy--a likeness in some ways between things that are otherwise different. Explain that parts of the body's systems can in some ways be compared to other structures. For example, the circulatory system is like a tree because it delivers oxygen to cells in the same way tree sap carries nutrients to the tree's leaves. The heart is like a car's engine because it keeps the car going like the heart keeps the body going.
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Objective: 4.2 continued

Content	Teaching/Learning Strategies
	Have each student select one structure of one system to create a statement of analogy between that body part and another structure. For example: --The heart is like a pump because... --The bones are like tree branches because... --The lungs are like balloons because... Have each child work with a parent or other adult to generate these ideas and then share them with the class. To integrate this objective with objective 4.1, explain that the immune system is affected by the HIV virus. Also, emphasize the importance of keeping each body system healthy. Since body systems interrelate so much in their functions, it is important to keep each system healthy in order for the other systems to function properly.

HIV/AIDS PREVENTION EDUCATION

Objective: 4.3 The student will explain personal behaviors necessary to help prevent disease and the possible consequences of unhealthy behaviors.

This objective relates to: FLE 4.9, 5.11; Health SOL 3.1, 3.2, 3.3, 4.1, 4.2, 4.9, 4.10, 4.11, 5.1, 5.5; HIV/AIDS 3.4, 5.4, 5.5; IAAS 3.3, 3.4, 3.5, 4.1, 4.2, 5.1, 5.2;

Content

Basic health habits
--Physical fitness (at school, work, play; good nutrition; etc.)
--Emotional fitness (friendship, loving family relationships, etc.)
--Mental fitness (stress-management)

Personal responsibility and control
--Making healthy choices
--Seeking health care/advice
--Avoiding legal/illegal drugs
  --Tobacco
  --Alcohol
  --Other drugs

Consequences of unhealthy behaviors
--Smoking
  --Irritates eyes
  --Irritates nose, throat, and windpipe; may cause severe coughing, shortness of breath
  --Increases risk of diseases, such as cancer and emphysema
  --Increases heart rate
  --Constricts blood vessels, causing high blood pressure
  --Increases chance of coronary heart disease
  --Leaves a bad taste in the mouth, may reduce appetite
  --Interferes with ability to taste and enjoy food

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Teaching/Learning Strategies

Have each student verbally complete the following statement: "To prevent disease and keep myself healthy, I..." (complete with something you do or a choice you make). Tell students that each person must try to say something different. This activity will review basic habits/behaviors for physical, emotional, and mental health. Stress that emotional/mental health greatly affects physical health.

Have students brainstorm reasons people use drugs (tobacco, alcohol, legal and illegal drugs). Write these reasons on the chalkboard or chart paper. Then, make a second list of reasons people do <u>not</u> use drugs. Compare and discuss the lists.

Ask students to brainstorm the harmful effects of smoking and using alcohol and other drugs. Ask them to take their lists home, ask their parents to add ideas, and bring them back to share with the class.

Have students, working in pairs and assuming the roles of body parts, write and perform narratives to tell how smoking affects them. For example: "I am hair. When you smoke I smell bad." etc.

Emphasize to students that "no use" of tobacco, alcohol, and other drugs is the only healthy choice. In fact, it is illegal to purchase
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Objective: 4.3 continued

Content	Teaching/Learning Strategies
--May delay digestion for up to one hour --Causes stained teeth, bad breath, dulled sense of taste and smell --Increases level of fatigue, inhibits endurance --Decreases life span --Can cause fires --Is expensive --Causes premature aging of the skin --Causes air pollution --Has secondary health effects to nonsmokers	tobacco if you are under age 18, and it is illegal to use, purchase, or distribute alcohol if you are under age 21. Drugs other than prescription and over-the-counter medicines are illegal also. Guide students in listing alternatives to smoking, drinking alcoholic beverages, and using illegal drugs. Have students work individually or in groups to prepare an ad (poster or commercial spot) promoting an alternative.
--Using smokeless tobacco (snuff and chewing tobacco) --Increases risk of cancer of the mouth, throat, and larynx --Causes tooth decay --Irritates oral tissue, sensitivity of teeth, causes teeth to erode	Discuss ways of "saying no" to tobacco, alcohol, and drugs. For example: --"No, I don't want to fry my brain." --"No, I want to live long enough to grow up." --"No, I have better things to do--let's play ball."
--Using alcohol --Depresses the brain --Can cause slurred speech, staggering, sleepiness, impaired memory --Inhibits normal physical and emotional growth and development --Can destroy brain cells --Can lead to alcoholism	Have students create two-person puppet shows (using sock or stick puppets) to show how to say "no" to drugs and to illustrate a person's personal responsibility for and control over his or her own health.
--Other drugs --Cause slurred speech, staggering, loss of balance --Can cause addiction --Can cause death from overdose and/or accidental poisoning --Cause elevated blood pressure, irregular heart rhythms, and heart attacks	

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Objective: 4.3 continued

Content	Teaching/Learning Strategies
--Cause nervousness, nausea, insomnia --Can cause a person to contract HIV/AIDS if using injectable drugs and sharing needles --Decrease life span --Can damage body organs (the brain, liver) --Others (the negative effects also depend on which type drug is used)	
--Alternatives to tobacco, alcohol, and drug use --Participating in fitness activities --Playing sports --Joining clubs --Joining church activities --Participating at the YMCA/YWCA --Reading at the library --Joining the Scouts --Participating in community activities (specific to your community) --Playing/listening to music --Having hobbies	
--Saying "no" to tobacco, alcohol, and drugs --Say "no" as soon as possible. --Be direct, firm, calm, brief, and honest. --Don't apologize. --Look the person in the eyes, and look as if you mean what you say. --Use a clear, loud voice. --Walk away. --Tell a trusted adult.	

HIV/AIDS PREVENTION EDUCATION

Objective: 4.4 The student will identify and practice behaviors that contribute to positive emotional growth and development.

This objective relates to: FLE 4.4, 4.5, 4.6; Health SOL 3.11, 3.12, 4.9, 4.10, 4.11, 5.9, 5.13; HIV/AIDS 3.5, 5.6; IAAS 4.4

Content

Personal strengths and weaknesses
--Identifying strengths
--Taking pride in successes
--Improving self-esteem
--Recognizing weaknesses
--Understanding that mistakes can result in positive learning toward success next time
--Balancing daily activities (work, play, rest, proper diet)

Emotions
--Understanding strong emotions
  --Positive (love, happiness, excitement)
  --Negative (anger, hatred)
--Appropriate responses to avoid self-destructive behavior

Responsibilities (at home and at school)
--Developing communication skills
--Setting personal limits to avoid harm
--Demonstrating self-motivation

Coping skills
--Recognizing stressors
--Positive reactions to stress

Teaching/Learning Strategies

Emphasize to students that all people have strengths and weaknesses. We want to build on our strengths and improve our weaknesses.

Have students assess their strengths by saying their first names and something they do well, such as play the piano, dance, run fast, or get along well with others. Ask each student to repeat the comments of the student just before him/her. Go around the room in this manner to reinforce positive statements about all students.

Remind students that being proud of their strengths is not bad. If there are students with disabilities in your classroom, emphasize their strengths, too. Even though disabilities can be limiting, the positive approach is to view disabilities as challenges. Everyone has some sort of weakness or disability (i.e., some are good spellers; some are not, etc.).

Have students write in their journals/ notebooks two columns labeled "Strengths" and "Weaknesses." Define strength as a skill or quality (physical, emotional, or mental) that helps us lead positive, healthy lives. Define weakness as a part of our lives we'd like to improve. Ask students to list their own specific strengths and weaknesses in the appropriate columns. Help them by suggesting strengths you have noticed as well as weaknesses. However, emphasize their

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Objective: 4.4 continued

Content	Teaching/Learning Strategies
	strengths. At the bottom of the page, have students write how they plan to overcome one weakness. Have students draw or cut out pictures to make their own coat of arms (give them a suggested outline of a shield). Suggest that they emphasize at least three of the seven items listed below: --What you are good at doing --Your greatest success --Your happiest moment --What you wish to be --Your picture --Something you would like to learn to do --Your motto or philosophy of life (a statement, proverb, etc.) Allow students to explain their individual coats of arms. Display them inside or outside the room. Discuss with students how everyone has strong emotions, both positive and negative. Have students in their journals/notebooks write about their emotions by completing statements such as: 1) I feel good when... 2) I like the way I... 3) I am scared of... 4) I am happy with myself when... 5) I get angry when... 6) I am sad when... 7) When someone criticizes me, I... 8) I laugh out loud when... 9) I like my friends to be... 10) I look forward to... 11) When someone says mean things about someone else, I... (continued on next page)

Objective: 4.4 continued

Content	Teaching/Learning Strategies
	12) I get upset at myself when... 13) I like teachers who...
	Invite a counselor to speak to the class about dealing with emotions resulting from loss, rejection, divorce, illness, and moving.
	Discuss signs of emotional maturity: (1) learning to accept responsibility for actions; (2) motivating yourself to do things at home and at school (e.g., get up on time, keep your room neat, do your homework, follow class rules, etc.); and (3) setting limits on yourself to avoid harm (e.g., not to drink alcohol, not to smoke, not to curse, not to take drugs, not to ride your bike in dangerous places, to wear a seat belt in a motor vehicle, to swim only in safe places, not to take things that aren't yours, etc.). Emphasize that students must start assuming responsibility for their own actions, regardless of where their parents or other adults are at the time.
	Explain that another part of positive emotional growth and development is sharing tasks within the family and helping, supporting, and communicating with family members, including assisting and supporting family members with disabilities.
	Define stress as the response of the body to any demand made upon it. Define stressor as a demand made on the body. Stressors may be --physical (performing in a gymnastics competition) --mental (doing an oral report for class) --social (asking someone to dance or to skate) Tell students that their response to a stressor may be healthful or harmful. Getting proper

(continued on next page)

Objective: 4.4 continued

Content	Teaching/Learning Strategies
	rest, maintaining a healthy diet, and practicing for the gymnastics competition are positive reactions to stress. Skipping meals, not sleeping, and panicking are negative reactions. Discuss alternatives to dealing with stress. For example: --Recognize situations that cause stress. --Maintain an exercise and fitness program. --Eat a low-fat, no-cholesterol, low-sugar, and low-salt diet. --Do relaxation or deep-breathing exercises. (Demonstrate some of these to the class.) --Talk to a trusted adult. --Listen to music. --Get plenty of rest/sleep. --Set goals for improving a stressful situation.

HIV/AIDS PREVENTION EDUCATION

Objective: 4.5 The student will cite qualities and behaviors of being a friend.

This objective relates to: Health SOL 3.12, 4.3, 4.13; HIV/AIDS 3.5; IAAS 3.7, 4.3, 4.7

Content

Recognizing qualities and responsibilities of friends

Understanding the effects of peer influences
--Positive vs. negative
--Impact of media and advertising
--Refusal skills

Using the decision-making/problem-solving process
--Identify the problem or situation.
--Gather information.
--Identify possible choices for dealing with the problem. (Alternatives should be considered that are safe, legal, healthful, respectful of others, and follow parents' or guardians' guidelines.)
--Predict the consequences of each choice.
--Decide on a choice.
--Identify an action plan.
--Act.
--Evaluate the actions.

Teaching/Learning Strategies

To introduce this objective, write on the chalkboard or post on the bulletin board these slogans: "The best way to have a friend is to be a friend." "Do unto others as you would have them do unto you."

Have students brainstorm qualities/ responsibilities of being a good friend. For example:
--Be kind and courteous.
--Be helpful.
--Listen when your friend has a problem.
--Treat people with HIV/AIDS, as well as disabled people, with understanding and concern, not repulsion or pity.
--Be trustworthy.
--Be dependable.

Challenge students to perform especially friendly acts for one day (or more). Let students (as well as you) give others stickers (stars, smiley faces) when they have done a friendly act that day.

Have students brainstorm how friends (peers) influence us positively and negatively. Write their responses on the chalk-board or on chart paper and classify them as positive or negative. (e.g., You invite someone to join your scout/church group. You dare someone to do something you know is dangerous/illegal. You make fun of anyone who dresses differently than you.)

Tell students that each of them has $1,000 to spend. Ask them, without talking to any class

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Objective: 4.5 continued

Content	Teaching/Learning Strategies
	members, to write about ways they would use the money. Collect the papers. Allow students to discuss their lists within small or large groups. Then ask them to rewrite a list of what to do with the $1,000. Compare the papers to see if there are changes from the first to the second lists. Anonymously share some of the lists with the class. This will illustrate the effect of peer influences. Note that some influences may be positive, and others may be negative. Have students collect and analyze samples of products or ideas that are marketed to influence them. Discuss whether these are good or bad influences. (Include ads for cigarettes and alcohol.) Role-play ways students can avoid persuasive tactics that "friends" use to convince them to participate in negative or risky activities (e.g., using tobacco, alcohol, or other drugs; playing in dangerous areas; etc.) Discuss with students the steps they might use in making a decision. Role-play this decision-making process using a problem relevant to your students. For example: --A group of your friends are whispering about the new student in class. Will you join them? --Someone offers you some medicine. They tell you it tastes real good. Will you take it? --You are with a friend in a store. Your friend says, "Let's see how much stuff we can sneak out of here in our purse/jacket?" Will you do it?

HIV/AIDS PREVENTION EDUCATION

Objective: 4.6 The student will describe the characteristics of healthy family relationships.

This objective relates to: FLE 4.6, 5.9; Health SOL 3.9, 4.12; HIV/AIDS 3.6; IAAS 4.5

Content

Defintion of family

Changes in the "family" today compared to earlier days
--Changes in types of families
--Changes in gender-related roles, duties, responsibilities

Responsibilities of family members
--Show love and respect through things they do for and with each other.
--Work and play together to help develop each individual in the family.
--Help each other with decisions and accept the consequences of decisions.
--Help each other become better family members.

Stresses on the family
--Illness or accident
--Health
--Separation/divorce
--New members (new baby, adoption, stepparent, stepsibling, grandparents move in)
--Financial problems

Teaching/Learning Strategies

Ask students to write in their journals/ notebooks a definition of family and describe their own families.

Discuss with students types of family units such as nuclear, extended, stepfamily, etc.

Have students bring in photographs/drawings for a class bulletin board on "Family Activities."

Have students interview parents, grandparents, and other older persons. Make a list that differentiates family living today with that of the interviewees' childhoods. Have students share the responses with the class. Note that gender-related roles have changed today (e.g., sometimes fathers prepare the meals, mothers cut grass, mothers are doctors, etc.).

Discuss some characteristics of healthy family relationships:
--Members practice the appropriate traits of a loving person.
--Children develop good self-concepts and learn to get along well with others.
--Members communicate or share ideas, information, and feelings.
--Children have good memories.
--Members help each other deal with difficult situations (moving, handicaps, illness).
--Children develop values (honesty).
--Children feel safe.
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Objective: 4.6 continued

Content	Teaching/Learning Strategies
	Have students brainstorm responsibilities all family members have. (See "Content.")
	Discuss stresses that occur in families and how family members can help each other deal with these situations.
	Role-play a scenario related to how families deal with stressful situations. Assign roles of parent, child, etc., in the families. For example: --You wish to "sleep over" at a friend's house. Your parents do not know the family. --There is a big family reunion to be held at your house. Many relatives will attend. --A parent is losing a job because of a company layoff. --A family member develops a debilitating disease.
	Let students write about changes they would make in their families if they were parents.

HIV/AIDS PREVENTION EDUCATION

Objective: 4.7 The student will identify local resources that provide information about infectious diseases.

This objective relates to: HIV/AIDS 3.7, 5.8

Content

School resources
--Teacher
--Nurse
--Guidance counselor
--School social worker (visiting teacher)

Health Department resources
--Nurse
--Doctor

Other community resources
--Library
--Phone book
--Hospital
--Media
--Community resource agencies
--Social worker
--Religious representative
--Clinic
--Doctor (pediatrician)
--Pharmacist

Evaluating information/resources
--Qualifications of the writer/speaker
--Source of information
--Currency of information
--How the information compares with other information

Teaching/Learning Strategies

Students should know to check with the school nurse about questions concerning health issues. They should learn to use the library reference section and the phone book to identify resources within the community that have information about HIV/AIDS: library, nurse, guidance counselor, doctor, media, community resource agencies, social worker, religious representative, clinic.

Discuss ways to determine what information is accurate and what is sensationalism. Walk students through a sample analysis of information using the criteria for evaluating information under "Content."

Have students clip and bring in a newspaper or magazine article concerning infectious diseases. Divide the class into groups. Ask the groups to evaluate the accuracy of the information in the articles and share the results of their discussion with the class.

Invite a speaker from a community resource agency to visit the class. The speaker will identify the services and resources concerning infectious diseases provided by his or her agency.

Grade 5

Grade 5

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HIV/AIDS PREVENTION EDUCATION

Objective: 5.1 The student will define and discuss information about sexually transmitted diseases and HIV/AIDS.

This objective relates to: FLE 5.6, 5.14, 6.4, 6.5; Health SOL 4.5, 5.7; HIV/AIDS 4.1, 6.1

Content

Definitions of terms
--STD (sexually transmitted disease)
--HIV (human immunodeficiency virus)
--AIDS (acquired immune deficiency syndrome)
--Asymptomatic HIV positive person--a person who presents no real symptoms but is a positive carrier of the HIV virus; such a person will eventually develop symptoms for the disease AIDS

Common symptoms of STDs
--Skin changes (sores, rashes, bumps around the genitals)
--Irritating (burning) on urination
--Genital itching
--Noticeable pelvic pain (females)
--Discharges from sex organs
--No symptoms for many people (yet they are infected and can infect others)

General symptoms that can be specific to AIDS
--Unexplained and persistent fatigue
--Persistent fever
--Loss of appetite
--Unexplained weight loss of ten pounds or more (not caused by dieting)
--Persistent diarrhea (lasting two weeks or more)
--Night sweats, chills that last several weeks or months
--Swollen glands for two months or longer
--Persistent dry cough or shortness of breath
--White spots in the mouth
--Persistent infection
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Teaching/Learning Strategies

Ask students how many of them have heard about STDs and AIDS. Have students share what they have heard. Based on what students say, clarify what are facts about the diseases and what are misconceptions.

Define STD as an infection spread by sexual contact with an infected person. Some common STDs are syphilis, gonorrhea, and genital herpes. Discuss the common symptoms of STDs. Point out that many people will have none of these symptoms; yet, they can have an STD and transmit the disease. Only qualified health professionals can diagnose and care for persons with STDs.

Explain that AIDS is one type of sexually transmitted disease. Explain the acronym AIDS.
--Acquired means "not inherited," as are height and hair color; therefore, a person must do something to get the disease.
--Immune means "protected from." In this case, the body's defense system, which provides protection from disease.
--Deficiency means "inadequate" or "lack of;" the immune system is lacking in its ability to resist disease
--Syndrome refers to a group of symptoms that occur together and which characterize a specific disorder.

Discuss the symptoms and means of transmission of STDs in general and HIV/AIDS specifically so that students can see that control/prevention of these diseases is an
(continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: 5.1 Continued

Content

Rationale for knowing symptoms of STDs and HIV/AIDS
--Know when to cease activity or behavior
--Know when to seek professional help (only qualified health professionals can diagnose and treat STDs)

Rationale for controlling STDs
--STDs may endanger many organs of the body (heart, lung, brain, reproductive organs) by spreading infection to them.
--STDs affect more than one person (i.e., the sexual partner, infected mothers can pass the STDs to her child).
--STDs can cause one to become unable to have children.
--HIV/AIDS can cause death.
--Other STDs are treatable.
--All STDs, including HIV/AIDS, are preventable.

Ways STDs are transmitted
--By sexual intercourse (oral, anal, vaginal) with an infected person

Ways AIDS is transmitted
--By sexual intercourse (oral, anal, vaginal) with an infected person
--By exposure to blood, which includes
  --sharing needles (injectable drug, including steroid, tattoo, ear-piercing)
  --exchanging blood as in "blood brother" rituals
  --giving first aid (when blood is present) without wearing gloves
--By an infected mother to an infant

(continued on next page)

Teaching/Learning Strategies

individual's responsibility. With responsible decisions, however, there is no need to fear getting these diseases from casual contact with an infected person.

Explain to students that people who contract HIV/AIDS suffer from certain diseases that healthy people generally don't get, such as a rare and severe form of pneumonia and a rare cancer, Kaposi's sarcoma. Therefore, it is very important to prevent the HIV virus from entering the body. Say to student, "You should (1) know that sexual intercourse is for mature adults, not children; (2) you should also know that using drugs illegally, sharing needles and syringes, or exchanging blood is not healthful; (3) you know you are no longer new babies; therefore, you cannot get the disease from your mother. You can prevent the HIV virus from entering your body by emphasizing good decisions about sexual intercourse and using drugs.

Provide students the opportunity to ask anonymously questions about STDs or HIV/AIDS. Provide an "Ask the Doctor" sheet on which students may write their questions. Place question sheets in a box. You or a health professional may provide answers orally to the class or by writing on the same form and displaying the answers in the room.

HIV/AIDS PREVENTION EDUCATION

Objective: 5.1 continued

Content	Teaching/Learning Strategies
Ways AIDS is <u>not</u> transmitted --By going to school with someone who has AIDS or is infected with HIV --By shaking hands, hugging, kissing cheeks --By coughing, sneezing, or through tears --By touching doorknobs, pens, telephones, dishes, towels or toilets --By mosquito (or other insect) bites --By swimming in public pools --By blood transfusions (Since 1985 all blood is tested for the HIV antibody and donors are screened. The risk is very low for HIV infection by blood transfusion.) --By donating blood (to blood banks for transfusions) or having blood tests	

HIV/AIDS PREVENTION EDUCATION

Objective: 5.2 The student will explain how the HIV virus attacks the body's immune system.

This objective relates to: FLE 6.5; Health SOL 5.7; HIV/AIDS 6.3

Content

Causes of AIDS (acquired immune deficiency syndrome)
--The HIV (human immunodeficiency virus) weakens the body's natural system of defense against disease-causing germs (the immune system), making it unable to fight infections and cancers it normally could resist
--How the virus affects the immune system

Effects of a dysfunctional immune system
--The body can get a number of diseases a healthy immune system can fight (infections, cancers).
--The body becomes unable to create antibodies to fight off diseases.
--Death usually results.

Teaching/Learning Strategies

Using a chart, diagram, video, or other audiovisual aid (such as the Ryan White story), show how the HIV virus affects the functioning of the immune system:
--The HIV invades the body's immune system.
--The virus is very disruptive. It can attack and enter the T-cell, a special kind of white blood cell. When the T-cell replicates, the virus reproduces as well. The virus may lie dormant in the cell for eight or more years. During those years, the person is infected and is asymptomatic.
--When the virus is activated, it destroys the host cell (T-cell). The T-cells normally help to fight diseases but are powerless when attacked by the HIV.
--When too many T-cells are destroyed, the immune system breaks down.
--The body is unable to fight infections, cancers, or other illnesses.
--Death usually results.

HIV/AIDS PREVENTION EDUCATION

Objective: 5.3 The student will identify the structure and function of the body systems and the changes that occur during puberty.

This objective relates to: FLE 4.1, 4.2, 5.1, 5.2, 5.4, 6.3; Health SOL 4.19, 4.20, 5.18, 5.19, 6.16; HIV/AIDS 4.2, 6.2

Content

Structure and function of the body systems
--Muscular (enables movement)
--Skeletal (gives the body a framework)
--Respiratory (helps breathing)
--Circulatory (moves blood through the body and carries food and oxygen to cells)
--Immune (protects the body from disease)
--Nervous (enables thinking and action)
--Digestive (changes food into a form cells can use)
--Endocrine (produces hormones that control growth and development)
--Reproductive (allows for birth of children)

How body systems interrelate
--The motor and sensory nerves transfer brain messages into body actions.
--The muscular system moves all the body parts.
--The skeletal system provides the framework to hold all organs, glands, and muscles in place.
--The respiratory system relies upon the circulatory system for the distribution of oxygen.
--The digestive system uses blood to supply nutrients to the body.
--Hormones secreted by the endrocrine glands affect changes in body structure and in the growth of secondary sex characteristics.
--The immune system protects the body from disease and keeps the body well so that the rest of its systems can continue functioning.

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Teaching/Learning Strategies

Using textbook and charts, review the structure and function of each body system.

Have students cut out pictures of objects that are similar to body parts and explain the similarities. Examples: a computer is similar to the brain; balloons are similar to lungs; a blender is similar to the digestive system, etc. Display these in the room.

Put students in groups and assign each group a body system to read about and find out how it interrelates with other systems. Allow students time to share findings with the class.

Define puberty. Emphasize the inter-relationships of the body systems during the process of puberty. The endocrine gland produces chemicals (hormones) that affect how body cells work. The hormones are released directly into the blood (circulatory system) where they are carried to cells throughout the body. The pituitary gland produces a growth hormone which directs bone (skeletal system) and muscle growth (muscular system). The pituitary gland also releases hormones that cause the reproductive glands to become more active and cause important changes inside and outside the body.

Discuss changes that occur during puberty. Emphasize that everyone has gone through or will go through the same changes. Students need not feel that something is wrong with them when they encounter these physical and emotional changes.

Objective: 5.3 continued

Content	Teaching/Learning Strategies
Definition of puberty--the period of growth from physical childhood to physical adulthood; in girls, between ages 10-15; in boys, between ages 12-16	
Interrelationships of body systems during puberty	
Changes that occur during puberty --Physiological changes --Testes in boys produce sperm cells. --Ovaries in girls develop egg cells. --The body develops a more adultlike shape. --Body hair grows. --Boys' voices deepen. --Growth spurts --Hormonal changes --Emotional changes	

HIV/AIDS PREVENTION EDUCATION

Objective: 5.4 The student will recognize one's responsibility to others in the home, school, and community for the prevention and control of disease.

This objective relates to: FLE 5.14, 6.14; Health SOL 5.6, 5.20; HIV/AIDS 4.3, 6.4

Content

Control of disease through healthy lifestyles
--Proper nutrition
--Plenty of exercise
--Appropriate rest
--Cleanliness (teeth, hands, body, hair)
--Seeking medical assistance
--Getting immunized
--Observing environmental and health ordinances
--Reducing negative risky behaviors
--Resisting negative peer pressure
--Abstaining from illegal drug use
--Participating in activities that enhance self-respect and self-concept
--Abstaining from sexual experimentation
--Seeking help for problems or concerns
--Reducing stress
--Following safety rules
--Avoidance of tobacco and alcoholic beverages

Identification of preventable infectious diseases
--Tetanus
--Measles, mumps
--Polio
--Whooping cough
--Diphtheria
--Sexually transmitted diseases (syphilis, genital herpes, etc.)
--HIV infection
(continued on next page)

Teaching/Learning Strategies

Introduce this objective with this scenario: "You are playing ball with a friend when your ball bounces into the street. You run after the ball, but suddenly a car comes speeding toward the ball. What will happen if you continue running after the ball? What can you do to avoid the car?" Emphasize that often we take risks without knowing the consequences. Sometimes we take risks when we know the consequences as in this scenario. We do have control over what happens to us; we can choose behaviors that are safe, healthy, and minimize the risks of getting hurt or catching diseases. List infectious diseases that can be prevented.

Ask students what they know about their own health: immunizations? injuries? surgery? Have each student develop a personal health profile identifying his or her
--Name
--Height
--Weight
--Blood type
--Blood pressure
--Allergies
--Medical conditions
--Medications
--Injuries
--Surgery
--Immunizations
--Diseases
(continued on next page)

Objective: 5.4 continued

Content

Seven healthful behavior concepts
--Reasoning abilities regarding choices and consequences
--The individual's control over health-related behaviors (you are in charge of you--do what's best for you)
--Respect for personal privacy (you have a right to privacy, and you should not interfere with another's right to privacy)
--The role of personal behavior in preventing disease (your habits)
--The concept of risk and the consequences of risk-taking behaviors
--Responsibilities involved with family, friends, and school
--Recognition of help and support that family, friends, and school can provide

Benefits of a healthy lifestyle
--Immediate
--Long-term

Teaching/Learning Strategies

Through brainstorming and discussion, help students create a checklist of daily habits and behaviors that will help them prevent illness and disease. Encourage them to keep and use this checklist for a period of time.

From the list of healthy behaviors/habits generated by students (or added by you), stress those behaviors related to preventing the risk of HIV/AIDS:
--Don't use illegal injectable drugs, including steroids.
--Don't share razors, toothbrushes, ear-piercing needles or any item that may carry blood.
--Do not engage in sexual intercourse.
--Do not exchange blood (become "blood brothers" or give first aid without wearing gloves).
--Clean body fluid spills with a solution of bleach and water (1 part bleach to10 parts water).

The profile created from the above information should help students see the relationship among medical information, health practices, and one's own health. Reinforce that it is desirable to manage one's own health on a consistent basis.

Explain the seven general behavior concepts of a healthful lifestyle (listed in the "Content" section). Have students share their ideas on the immediate and long-term benefits of such a lifestyle. Explain that reasoning abilities and recognizing your own control over your behaviors will be skills that help you throughout life, especially as you experience more and more peer pressure.

Objective: 5.4 continued

Content	Teaching/Learning Strategies
	Ask students individually or in groups to create posters related to the seven healthful behavior concepts. These posters should help people see the concept in a visual, concrete way. Allow time for students to show and explain their posters to the class. You may wish to award prizes for the most colorful, most unusual, most creative, etc. Display posters in the room (or about the school) for everyone to see.

HIV/AIDS PREVENTION EDUCATION

Objective: 5.5 The student will discuss the effects of tobacco, alcohol, and other drugs on the systems of the body.

This objective relates to: FLE 4.9, 5.13, 6.10; Health SOL 4.2, 5.1, 6.4; HIV/AIDS 4.3, 4.4, 5.3, 5.4, 6.4; IAAS 4.1, 4.2, 5.1, 5.2, 5.3, 6.2, 6.3, 6.4

Content

Reasons people use chemical substances
--Medical reasons (to prevent or correct a health problem)
--Social reasons (peer pressure, to overcome shyness, to be accepted)
--Psychological reasons (curiosity, desire to "escape" feelings of boredom or failure, a coping mechanism)
--Physical reasons (heredity)

Short-term and long-term effects of drugs
--Tobacco (cigarettes and smokeless tobacco)
  --Loss of money (cost of cigarettes, smokeless tobacco)
  --Increased heart rate
  --Increased blood pressure
  --Increased risk for coronary heart disease (70% more likely than nonsmokers)
  --Irritation of nose, throat, windpipe
  --Severe coughing, sore throat, headaches
  --Increased risk of diseases, such as lung cancer and emphysema
  --Itchy, watery eyes
  --Bad taste in mouth
  --Loss of appetite and ability to taste and enjoy food
  --Delayed digestion (up to 1 hour)
  --Stained teeth, bad breath
  --Increased level of fatigue
  --Decreased endurance (due to extra burden on heart)

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Teaching/Learning Strategies

Ask volunteers to tell any physical reactions they may have experienced when in a restaurant or other building where people were smoking.

Ask students to recall situations from TV or films that show the negative effects of alcohol, tobacco, and other drugs.

Have students bring in newspaper/magazine articles about the dangerous effects of drugs, alcohol, and tobacco (drinking and operating cars, boats, equipment, Lyle Alzado's problems from steroids, etc.).

Have students (a) make posters that tell what smoking, drinking, or drugs do to the different body parts or that will encourage people not to smoke, drink, or use illegal drugs or (b) design antidrug or antismoking buttons. Posters/buttons should emphasize a "no use" attitude toward tobacco, alcohol, and other durgs.

Have students draw diagrams showing the path of smoke, alcohol, and drugs through the human body. (This is also a way to review information about the systems.)

Invite a law enforcement official to speak to the class about the dangers/legal implications of using alcohol and other drugs.

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Objective: 5.5 Continued

Content

--Decreased life expectancy (as much as 8 years shorter if a person smokes 2 packs per day)
--Cancer of the throat, mouth, larynx (from chewing tobacco)
--Tooth decay, gum disease (from chewing)
--Chronic bronchitis
--Addiction (nicotine, the drug in tobacco, is the most addictive of all drugs)

--Alcohol (beer, wine, wine coolers, liquor, liqueur)
--Decreased ability to make good judgments
--Impaired reflexes and coordination
--Disturbance in speech, hearing, memory, and vision
--Increased heart and pulse rate
--Harm to body organs (brain, liver, stomach)
--Decreased social inhibitions
--Mood/behavior changes (laughing, crying, becoming loud, angry)
--Loss of self-control
--Violent behavior (becoming a victim or perpetrator)
--Improper nutrition
--Loss of money
--Legal implications (DUI's, DWI's, etc.)
--Weight gain
--Increased risk of diseases (cirrhosis of liver, cancer)
--Addiction (alcoholism or mental and physical dependence)
--Family problems
--Inhibited physical/emotional growth

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Teaching/Learning Strategies

Have students write letters to a friend, loved one, etc., encouraging him or her to quit smoking, drinking, or using drugs (including steroids). The letters should mention the health dangers of the continuing use of tobacco, alcohol, or other drugs as well as the benefits of quitting or not starting at all.

Invite a body builder to speak to students about healthy ways to improve physical fitness.

Objective: 5.5 continued

Content	Teaching/Learning Strategies
--Other drugs --misuse of legal drugs and use of illegal drugs (classified by effects on the body)	
--Depressants ("downers," such as alcohol, sleeping pills or barbiturates and sedatives) --Slow down of the brain and nervous system --Slurred speech, staggering, loss of balance --Unconsciousness --Addiction --Death from overdose or accidental poisoning --Legal implications	
--Stimulants ("uppers" or "speed" such as caffeine, nicotine, cocaine, amphetamines, including diet pills, that stimulate the nervous system and create alertness or edginess) --Elevated blood pressure, irregular heart rhythms, heart attacks --Loss of appetite --Nervousness --Nausea --Insomnia --Tension and anxiety --Coma --Contraction of HIV/AIDS if injected --Death --Legal implications --Poisoning	
--Narcotics (opium, heroin, morphine that reduce pain) --Dulling of the senses --Addiction	

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HIV/AIDS PREVENTION EDUCATION

Objective: 5.5 continued

Content	Teaching/Learning Strategies
--Contraction of HIV/AIDS (if drugs are injected --Shortened life span --Legal implications --Hallucinogens (LSD, PCP, mescaline that distort sight and sound and are mind-altering) --Thought disruption --Feelings of panic --Feelings of paranoia --Flashbacks --Extremely violent behavior --Suicidal tendencies --Legal implications --Inhalants (household products, such as glue, gasoline, paint thinner, hair spray as well as the vapors of chemicals) --Increased reactions of central nervous system --Brain, liver, bone, and marrow damage --Psychological dependence --Death --Legal implications --Marijuana (has some of the same effects as both depressants and stimulants) --Rapid heartbeat --Abnormal lowering of body temperature --Stimulated appetite --Lack of coordination --Inflammation of mucous membranes and bronchial tubes --State of intoxication, feeling of well-being, hilarity, confusion, distortion of time and space, loss of judgment and memory --Risk of psychological dependence --Legal implications	

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Objective: 5.5 continued

Content	Teaching/Learning Strategies
--Steroids (the "muscle-building drug") --Increased body weight, largely due to fluid retention --Increased blood pressure due to fluid retention --Blockage of arteries which can lead to heart trouble --Liver damage due to abnormal liver function --Changes in brain wave patterns --Problems with reproductive systems (in males, shrinkage of the testicles and sterility) --Aggressive, combative behavior ("roid rage") --Hair loss (males); hairiness (in women-irreversible) --Severe acne --Deep depression --Acute schizophrenia --Transmission of HIV/AIDS (from sharing needles when injecting steroids) --Stunted growth --Jaundice/yellowing of eyes and skin --Cancer --Death --Note: Reactions may be delayed as long as 10 years after initial use.	

HIV/AIDS PREVENTION EDUCATION

Objective: 5.6 The student will describe feelings and behaviors that demonstrate a sense of emotional well-being.

This objective relates to: FLE 4.5, 5.11, 6.7; Health SOL 4.9, 5.9, 5.10; HIV/AIDS 4.4, 6.5; IAAS 4.4, 5.7, 6.8

Content

Characteristics of emotional well-being
--Having a positive self-concept
--Taking responsibility for one's actions
--Being willing to admit mistakes and accept criticism
--Engaging in positive, calculated risk-taking
--Maintaining a sense of humor
--Showing courtesy and respect to others
--Having problem-solving/decision-making abilities
--Seeking help when needed to solve problems

Steps in problem-solving/decision-making
--Identify the problem or situation.
--Gather information.
--Brainstorm possible choices for dealing with the problem/situation. (Alternatives should be considered that are safe, legal, healthful, respectful of others, and follow parents' or guardians' guidelines.)
--Predict the consequences of each choice.
--Decide which choice is better.
--Identify an action plan.
--Act.
--Evaluate the choice.

Teaching/Learning Strategies

Explain to students how physical changes during this time in their lives (puberty) can lead to new emotions and mixed feelings. These emotions and feelings can cause confusion and stress. While you can't control body changes, you can recognize and deal with the feelings associated with these changes.

Ask students to write in their journals/ notebooks, their feelings about the following:
--themselves in general (both positively and negatively)
--the changes in their bodies
--the ways they deal with their feelings
--peer pressure
These writings will be very personal. Tell students that you will read only those things they mark with a check, meaning it is okay for the teacher (and no one else) to read those sections.

Have students do an "It's My Bag" activity. Each student will decorate a paper bag to look like himself/herself and reflect how people see him/her on the outside. Inside the bag, all students will put pictures, words, etc., that represent something about their feelings or inner selves (attitudes, wishes/ dreams, personal qualities). Allow students time in small groups to share as much of their bags as they want to reveal. This activity will help students realize their uniqueness.
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Objective: 5.6 continued

Content	Teaching/Learning Strategies
	Ask for volunteers (or allow each student) to share one thing from their "bag" activity with the larger group.
	On the chalkboard or chart paper write the steps for dealing with problems/making decisions. Tell students that being able to make responsible decisions will ease the stress in their lives. Help students understand the role of peer pressure in their lives and the need for making wise decisions to combat peer pressure.
	Lead students in a "walk-through" of the problem-solving/decision-making process, discussing at length the aspects of each step. Use a situation relevant to your students' lives.
	Read letters from newspaper or magazine advice columns dealing with problems with which students can identify. Ask students to suggest their own solutions before you read the advice given by the columnist. Discuss the pros and cons of the solutions and the basis for the decision. Compare the advice given by students with that of the columnist in each case.
	Role-play good/poor examples of using decision-making skills.
	In small groups have students solve a problem or situation using the five-step decision-making process.

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Objective: 5.6 continued

Content	Teaching/Learning Strategies
	Have students brainstorm some reasons why it is healthy to make your own decisions and stick to them: --You can control some aspects of your own life. --You can get what you want. --You can avoid misunderstandings. --You earn the respect of others for standing up for what you believe. --You create a better self-image and like yourself better. Discuss ways for students to persevere in their decisions (maintain a positive behavior change). Have students keep in their journals a weekly record of "Decisions I Had To Make." At the end of the week, ask them to evaluate each decision as an appropriate or inappropriate decision.

HIV/AIDS PREVENTION EDUCATION

Objective: 5.7 The student will recognize dangerous, threatening, or uncomfortable situations and how to react to them.

This objective relates to: FLE 4.7, 5.12, 6.8; Health SOL 4.23; HIV/AIDS 4.3, 4.4, 5.4, 5.6, 6.4, 6.5; IAAS 4.7, 5.7, 5.8, 6.6, 6.11

Content

Examples of threatening or uncomfortable situations
--Walking alone
--Opening doors for strangers
--Experiencing sexual abuse or incest
--Receiving obscene telephone calls
--Facing dangers in shopping malls
--Facing negative peer pressure
--Being home alone

Definition of risk--a danger or hazard involving the possibility of loss or injury

Reasons people take risks (in general)
--For a sense of accomplishment
--For a thrill
--Due to a lack of understanding of potential consequences
--To be part of a group

Positive risk-taking behaviors
--Trying out for a team, club, or singing group
--Riding a bicycle for the first time

Negative risk-taking behaviors
--Smoking
--Drinking an alcoholic beverage
--Using illegal drugs

Definition of peer and peer pressure

Examples of both positive and negative peer pressure
(continued on next page)

Teaching/Learning Strategies

Have students write in their journals/ notebooks about their "most dangerous moment"--what happened and how they responded. Ask volunteers to share what their dangerous moment was. Allow the group to brainstorm examples of reactions to the situations. Make a list of other threatening or uncomfortable situations.

Explain that these situations just named or described involve risks. Define risk and discuss why people take risks.

In small groups have students role-play how to react to a dangerous or uncomfortable situation. Let groups create their own situations (or choose one from the previous list).

Differentiate between positive risk-taking and negative risk-taking. Emphasize that without some risk-taking, society would never progress. However, negative risk-taking can mean loss of privileges, freedom, or even life.

Define peer (a person one's own age) and peer pressure (the influence a person has on one's own age group, has on one's thoughts and behavior).

Discuss the role of peer pressure in students' lives. Explain that a person's self-concept is influenced by messages received from other people, especially peers. To illustrate this
(continued on next page)

Objective: 5.7 Continued

Content

Impact of negative peer pressure
--Participation in risky behaviors
--Not being able to say "no" when challenged or invited to participate with the group

Possible strategies to use in handling negative situations
--Ask questions (what? why? whose? what?).
--Avoid situations that could be threatening (homes and cars of strangers, a home where there is no adult supervision, etc.).
--Suggest an alternative activity.
--Reverse the peer pressure (e.g., make a joke, act shocked, use flattery).
--Preplan for situations which could lead to peer pressure (i.e., plan another activity to immediately follow a group activity which could lead to negative choices).
--Give a reason or excuse (why you don't want to do something).
--Say "I just don't want to," plain and simple.
--Be a broken record--Keep saying "no" over and over.
--Make your parents the bad guys--("They're coming to pick me up soon" or "They watch me like a hawk.")
--Walk away.
--Get help from a trusted adult.

Teaching/Learning Strategies

idea, have students look at their feet and their clothes. Ask how many are wearing the same brand of tennis shoe, jeans, etc.

Have students suggest examples of both positive and negative peer pressure:
--Positive--You make good grades; your friend works hard to do as well as you do. You ask a friend to join Scouts; he/she does.
--Negative--A small child throws sand; his playmate watches, then copies the behavior. You decide to try smoking cigarettes; you taunt your friend until he/she does the same.

Identify the consequences of risky situations that negative peer pressure creates:
--Legal (The police will...)
--School (The principal will...)
--Family (My parents will...)
--Personal (I will feel... or I'll be harmed...)

Tell students that to avoid negative risky or threatening situations, they need to ask themselves four questions about any given situation: Why? Where? What? Who? Model this questioning process with examples, such as:
--"Meet me behind the school at lunch."
--"<u>What</u> are we going to do?"
--"Let's smoke a cigarette?"
--"<u>Why</u>?"
--"Come over to my house."
--"<u>Who's</u> there? <u>Who's</u> coming? <u>What</u> are we going to do? <u>What</u> would your parents say?"

(continued on next page)

Objective: 5.7 continued

Content	Teaching/Learning Strategies
	Emphasize to students that all decisions involve personal choice and that everyone has the right to make his or her own choice. Hand students the statement of "My Rights" from the DARE curriculum. Ask students to write their own interpretations of the statement in their journals, using personal or hypothetical examples.
	Encourage students to use the decision-making model discussed in the objective 5.6 for helping them recognize and deal with threatening situations.
	Discuss various strategies for saying "no" to negative situations. Ask students to suggest some they have used.
	Practice "saying no" skills by having students line up in two lines. Each student in one line makes a negative pressuring statement while the student in the second line uses a "saying no" strategy. Have each student take a turn at being both the pressurer and the pressured.

HIV/AIDS PREVENTION EDUCATION

Objective: 5.8 The student will list and locate sources of help for substance use/abuse and resources for HIV/AIDS information.

This objective relates to: Health SOL 5.4; HIV/AIDS 4.7, 6.7; IAAS 5.5

Content

Human resources
--Parents
--Relatives
--Teachers
--School nurse
--School psychologist
--School social worker/visiting teacher
--Doctor
--Guidance counselor
--Religious representative

Mass media resources
--Newspaper
--Phone book (yellow pages)
--Television
--Library

Community resources
--Local health department
--State department of health
--AIDS service organizations
--Mental health agencies
--Health clinics
--Other community/health organizations
--Religious representatives
--Hotlines

Teaching/Learning Strategies

Discuss the concept of "people helping people." Sometimes we help others, and sometimes others help us (e.g., neighborhood clean-up campaigns, taking homework to sick friends, helping with chores).

Explain that people who have a drug-related or HIV/AIDS problem themselves or who are involved with a friend or family member who has such a problem need help. It is okay to ask for help with problems.

Have students create a class bulletin board of "Helping Hands" for substance use/abuse and HIV/AIDS information. Each student can trace his or her hand on colored construction paper, cut it out, and affix it to the board with one source of help (a phone number, name, brochure, etc.) that he or she has investigated.

Invite speakers from community agencies to visit the class and discuss the services and resources they provide in regard to substance abuse and HIV/AIDS.

Grade 6

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HIV/AIDS PREVENTION EDUCATION

Objective: 6.1 The student will review basic facts about sexually transmitted diseases including HIV/AIDS.

This objective relates to: FLE 5.14, 6.4, 7.6, 7.11; Health SOL 5.7, 7.6; HIV/AIDS 5.1, 5.4, 6.4, 6.5, 7.1, 7.2

Content

Definitions of STD and AIDS
--STD (sexually transmitted disease)--any of a number of diseases transmitted through various forms of sexual contact
--AIDS (acquired immune deficiency syndrome)--a disease caused by a virus (HIV) which breaks down the body's immune system, making it vulnerable to opportunistic diseases and cancer

Types of sexually transmitted diseases (STDs)
--HIV/AIDS
--Herpes
--Chlamydia
--Gonorrhea
--Syphilis
--Hepatitis B
--Genital warts
--PID (pelvic inflammatory disease)

Germs causing transmission
--Viruses (HIV)
--Bacteria

Ways STDs are spread
--Through sexual intercourse (oral, anal, vaginal)

General symptoms of STDs
--Skin changes (sores, blisters, bumps, rashes) around the genitals
--The need to urinate frequently
--Irritation (burning) or pain with urination
--Genital itching, burning
(continued on next page)

Teaching/Learning Strategies

Have students write everything they know about sexually transmitted diseases on 3"x5" cards, one item per card. Arrange students in small groups and ask them to divide the cards into stacks as to whether the group feels the items are "fact" or "fiction." Have each group present its stacks of cards to you. Go through them and lead a class discussion, making sure that all the facts are correctly identified and that students understand what items are not facts.

Through commercial and teacher-made charts, review the causes of sexually transmitted diseases, general symptoms, and methods of transmission. Students need to know that these diseases are spread through bacteria and viruses that are exchanged during sexual contact and that there is no cure for HIV/AIDS or herpes simplex II. Students also need to know the general symptoms of these diseases so that if students are sexually active and have any one of the symptoms, they will know to seek the care of a physician, the only person who can properly diagnose and treat STDs.

Students should also understand that the listed symptoms may be associated with conditions other than sexually transmitted diseases. These conditions may also require care from a physician.
(continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: 6.1 Continued

Content

--Noticeable pelvic pain (females)
--Discharge from sex organs
--Unpleasant odor from genitals
--Swollen glands and fever

Ways HIV/AIDS is transmitted
--Through sexual intercourse (oral, anal, or vaginal) with an infected person
--By blood-to-blood contact (e.g., from sharing injectable drug needles (including steroids), giving first aid without gloves, becoming "blood brothers," sharing tattoo or ear-piercing needles)
--By an infected mother to her unborn baby

Ways HIV/AIDS is <u>not</u> transmitted
--By insects or pets
--Through casual contact (shaking hands, hugging, kissing)
--In public pools
--Through sneezing or coughing
--In tears
--On objects (phone, doorknob, dishes, towels, toilets, pens)
--By donating blood to blood banks or having a blood test

General symptoms that can be specific to AIDS
--Unexplained, persistent fatigue
--Unexplained fever, shaking chills, drenching night sweats lasting longer than several weeks
--Unexplained weight loss greater than ten pounds
--Swollen glands lasting more than two months
--Pink to purple flat or raised blotches or bumps occurring on or under the skin

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Teaching/Learning Strategies

Guide students in listing the ways HIV/AIDS differs from other STDs:
--There is currently no cure for HIV/AIDS.
--HIV/AIDS is usually more fatal than other STDs.
--HIV/AIDS receives more attention from the media.
--People are more afraid of HIV/AIDS than they are of other STDs.
--Many people who admit they are at risk for other STDs would not think they are at risk for HIV/AIDS.

Encourage students to read the newspaper daily for the most current information on HIV/AIDS since researchers are continuing to learn about this disease.

HIV/AIDS PREVENTION EDUCATION

Objective: 6.1 continued

Content	Teaching/Learning Strategies
--Persistent white spots in the mouth --Persistent diarrhea --Persistent dry cough accompanied by shortness of breath Continued emphasis is on alleviating the fear of HIV/AIDS	

HIV/AIDS PREVENTION EDUCATION

Objective: 6.2 The student will explain the concept of immunity, both natural and by means of vaccines.

This objective relates to: Health SOL 6.8

Content

Definition of immunity--the body's resistance to disease

The body's natural defenses against germs
--Skin
--Hair (nose hair and eyelashes)
--Mucus
--Tears
--Saliva
--White blood cells
--Antibodies
--T-helper cells

The function of a healthy immune system
--The body creates antibodies to help destroy germs.
--Foreign particles (germs) are attacked and neutralized by the antibodies.
--Immunity is produced against certain microorganisms or their toxins.

The results of a breakdown of the immune system
--The body can get a number of diseases that would not affect a healthy body (mainly infections and cancers).
--Death usually results.

HIV's effects on the immune system
--HIV attacks T-helper cells responsible for directing the immune system's functions. (T-helper cells are like an "orchestra conductor"--without the conductor to direct activities, the immune system shuts down.)
--The HIV virus reproduces and kills more cells.

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Teaching/Learning Strategies

Review the body's natural defenses against disease germs:
--The skin keeps germs out of the body.
--Mucus (a sticky liquid) traps germs in the nose, throat, mouth, windpipe, and lungs.
--Hair--Nose hairs sweep mucus and germs to the throat where they can be coughed or swallowed. Cilia (eyelashes) protect the eyes from dust and germs.
--Saliva (a liquid in the mouth) kills or weakens germs; it can be coughed up or swallowed.
--Stomach acid kills germs that are swallowed with mucus.
--Tears clean eyes of dust particles and kill germs.
--White blood cells attack and kill invading germs.
--Antibodies (substances made by white blood cells) help destroy germs.
--T-helper cells (specific types of white blood cells) travel through the bloodstream, seeking out invading germs, locating them, and signaling other cells in the immune system to produce antibodies to attack and kill the pathogen germ.

Using a two-column chart, show students how a healthy immune system functions against infection. Then show what happens when HIV invades the body.
--A healthy immune system.
--The cold virus invades the body.
--The immune system creates antibodies.
--The person becomes ill with a cold.

(continued on next page)

Objective: 6.2 continued

Content

--The immune system breaks down when the T-helper cells become too weak to send signals to the immune system to fight off infection.
--The body can no longer fight off infections/ cancers.
--A person develops opportunistic diseases/ cancers and is classified as having AIDS.
--Death usually follows.

Vaccines
--Some control diseases, such as smallpox rubella, (German measles), measles, mumps, diphtheria, whooping cough, polio, and tetanus.
--An HIV vaccine is now being researched but is not now FDA-approved for use.

Teaching/Learning Strategies

--The cold virus is destroyed by T-helper cells.
--The immune system remains intact.
--The person becomes well.

--An HIV-infected immune system
--The HIV virus invades the body.
--The immune system creates antibodies.
--The HIV is not killed.
--The HIV attacks T-helper cells, takes over the cells, and begins reproducing.
--The immune system breaks down.
--The person becomes ill and susceptible to many kinds of infection or cancers.
--The person usually dies.

Explain that when we have certain diseases (e.g., chicken pox, measles, mumps, polio), some white blood cells produce antibodies right away to fight off the germs. Some other white blood cells do not act immediately but act as memory cells to make the correct antibodies in the future. Long after we are cured of chicken pox, and if those germs enter our bodies again, the memory cells quickly make the antibodies to attack the germs so that we won't get sick again with chicken pox.

Define vaccine as a small dose of killed or weakened germs. These germs are not strong enough to make us sick but do cause some white blood cells to make antibodies against the disease and some to become memory cells for the disease. That is why vaccines are given to babies and later to children during the first six years of life. Emphasize that at present there is no FDA-approved vaccine to prevent HIV/AIDS, but research is continuing.
(continued on next page)

Objective: 6.2 continued

Content	Teaching/Learning Strategies
	Ask students if they remember getting vaccinated for certain diseases when they were young. Name some diseases to which vaccines give us immunity.
	Encourage students to look in magazines and newspapers for articles about new developments in fighting disease, especially HIV/AIDS.
	Students might enjoy using creative dramatics to bring to life the concept of immunity to disease. Ask students to assume the roles of the various body parts involved in fighting disease and act out first-person accounts of the function of these parts.

HIV/AIDS PREVENTION EDUCATION

Objective: 6.3 The student will explain the interrelationships of the functions performed by the body systems.

This objective relates to: Health SOL 5.18, 6.16

Content

The body systems and their functions
--Skeletal (gives the body a framework)
--Muscular (enables movement)
--Respiratory (helps breathing)
--Circulatory (moves blood through the body and carries food and oxygen to cells)
--Immune (protects the body from disease)
--Nervous (enables thinking and action)
--Digestive (changes food into a form cells can use)
--Endocrine (produces hormones that affect how body cells work)
--Reproductive (allows for birth of children)

The interrelationships of the body systems
--The motor and sensory nerves transfer brain messages into body actions.
--The muscular system moves all the body parts.
--The skeletal system provides the framework to hold all organs, glands, and muscles in place.
--The respiratory system relies upon the circulatory system for the distribution of oxygen.
--The digestive system uses blood to supply nutrients to the body.
--Hormones secreted by the endocrine glands affect changes in body structure and in the growth of secondary sex characteristics.
--The immune system protects the body from disease and allows all body parts to keep functioning.

Teaching/Learning Strategies

Emphasize the organs in each of the body's systems and how these systems affect personal well-being, growth, development, and total fitness.

Using a body part, give examples of how the body systems interact. For example, the hand would be unable to withdraw from heat unless the nervous system, muscular system, and skeletal system work together. The eye cannot act as a sense organ without the movement of muscles and the traveling of impulses through the nervous system.

Have students work in groups to describe ways body parts and systems interact. Have students present their examples visually through skits, drawings, etc. Students could take the roles of the various body parts (brain, heart, legs, etc.) and "walk through" their various functions and interactions with other systems.

HIV/AIDS PREVENTION EDUCATION

Objective: 6.4 The student will identify choices which promote good health.

This objective relates to: FLE 5.5, 5.6, 5.7, 5.8, 5.11, 5.12, 5.13, 5.14, 6.10, 7.4, 7.6, 7.7; Health SOL 5.6, 5.20, 6.1, 6.13, 6.15, 7.5, 7.9, 7.19; IAAS 6.10, 7.9

Content

The concept of individual choice/ responsibility

The importance of self-esteem

Choosing good health habits that are important for disease prevention
--Getting proper nutrition
--Exercising
--Practicing sound hygiene
--Getting proper rest
--Seeking medical assistance
--Following medical advice
--Getting immunized
--Avoiding alcohol, tobacco, and other drugs
--Choosing not to engage in sexual activity

Reasons for choosing to postpone sexual intercourse until marriage (abstinence)
--To prevent sexually transmitted diseases
--To prevent unwanted pregnancy
--To avoid the medical implications of teen pregnancy
--To avoid emotional implications
--To delay responsibilities (emotional, social, physical) until ready for commitment

Reasons for choosing to say "no" to illegal drugs or to enter a treatment program
--The physical side effects of drug abuse
--Physical dependency
--The harmful effects on growth and development
--Overdoses
--Interacting within a violent culture
(continued on next page)

Teaching/Learning Strategies

Explain to students that each of us is responsible for his or her own well-being. We make choices about food, drink, clothes, activities, friends, etc. These choices can be harmful or healthful.

Have students brainstorm healthy choices vs. harmful choices. Write responses on the chalkboard or chart paper.

Emphasize that those who make harmful choices probably have low self-esteem. If we care about ourselves, we would not choose to get sick or be harmed by not eating well, not exercising, hanging out with the wrong crowd, etc. Healthy people have self-esteem and make choices that indicate "self-care," caring about themselves physically, emotionally, spiritually, and socially.

If the students' previous brainstorm of healthy habits did not include examples relative to social, emotional, and spiritual health, provide examples, such as thinking positively (mental), handling stress (emotional), choosing good friends (social), and believing in a sound value system (spiritual).

Using the theme "I Like Me and I'm Worth It," have students make a list, write a paper, create a collage, or otherwise illustrate their actions/choices which show they care about themselves.
(continued on next page)

Objective: 6.4 continued

Content

--Interfacing the legal system
--Impairing judgment, thus creating other negative behaviors

Teaching/Learning Strategies

Ask students to write in their journals a list of "I will..." statements reflecting what they will do personally to promote their own good health. This list will be their "Personal Health Pledge."

Ask students to write for a period of time (two weeks, a month, etc.) a journal entry describing anything they have done each day to promote their own good health or keep their "Personal Health Pledge."

Emphasize to students that the only sure way to avoid sexually transmitted diseases, including HIV/AIDS, and pregnancy is to abstain from sexual activity. There is no such thing as safe sex. Discuss reasons for choosing to postpone sexual intercourse until marriage (abstinence).

Ask students to brainstorm reasons for choosing to say "no" to drugs. Explain the added effect drug use can have on one's decision not to have sexual intercourse. Drugs can impair judgment and lead one to have sexual intercourse, which may cause pregnancy, STDs, or HIV/AIDS. The use of injectable drugs can also put one at risk of contracting HIV/AIDS.

HIV/AIDS PREVENTION EDUCATION

Objective: 6.5 The student will apply decision-making skills in solving specific problems and in determining the possible outcomes of his or her decisions.

This objective relates to: FLE 5.11, 5.12, 6.12; Health SOL 5.10, 6.12, 7.11; HIV/AIDS 5.4, 5.7, 6.4, 7.3; IAAS 5.8, 6.11, 7.8

Content

Definition of problem

Steps in the decision-making/problem-solving process
--Identify the problem.
--Ask questions or gather information about the problem.
--List the alternatives for solutions.
--Predict the consequences of the alternatives.
--Choose an alternative.
--Identify an action plan.
--Act.
--Evaluate the short-term and long-term effects of the choice.

Problem-solving
--Making decisions
--Responding to negative risk situations

Strategies for not participating in negative risk behaviors
--Use assertive communication skills.
--Ask questions to determine if the situation will involve trouble (why? where? what? who?).
--Say plainly and simply, "I just don't want to...because..." (give reasons).
--State the consequences (legal, school, family, personal).
--Suggest an alternative.
--Keep saying "no" over and over again like a broken record.
--Reverse the pressure; say, "If you loved me, you would not pressure me."

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Teaching/Learning Strategies

Clarify the concept of problem as 1) a difficult situation, 2) an unanswered question, or 3) a feeling of uncertainty. Having a problem creates stress for a person.

Brainstorm problems students may have or have had (e.g., whether to go on a camping trip, worried about middle school, feeling that "no one likes me," etc.).

Explain that when we have a problem, we need to solve it by following certain steps. List these steps on the chalkboard or chart paper.

Together with the class, "walk through" the steps in the decision-making process using a common hypothetical problem sixth-graders face. Write each step on the board as you solve the problem together. Allow ample time for discussion.

Ask students to make their own decision-making model in their journals by writing down the steps in solving a personal problem.

Tell students that it is okay to ask for help from a parent or some other adult when they have a problem.

Discuss the fact that many problems students have are the result of peer pressure to take negative risks, which have harmful personal, school, family, or legal consequences. In these situations students must think, decide, and act quickly; however,

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Objective: 6.5 Continued

Content

--Leave the situation; say, "I'm going."
--Don't apologize.
--Seek assistance from a trusted adult.

Stress caused by decision-making
--Definition of stress
--Physical effects of stress
  --Headache
  --Fatigue
  --Backache
  --Stomachache
  --Insomnia
  --Loss of appetite
  --Proneness to accidents
  --Feelings of helplessness, hostility, anger, depression, guilt, and lethargy
--Appropriate ways of dealing with stress
  --Seek help from your "support group" (family, friends, teachers, counselors, anyone you trust).
  --Get lots of physical exercise.
  --Find ways to relax (watching TV, listening to music, shopping, talking with friends).
  --Look for role models who remain calm in a crisis. Ask them how they handle stress.
  --Eat right and get sufficient rest.
  --Use the problem-solving/decision-making model; don't leave solutions/decisions to chance.
  --Be kind to yourself. Believe in yourself. Set realistic goals and accept some failure as perfectly normal.

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Teaching/Learning Strategies

decisions are always easier if you just pause to consider the consequences. Ask yourself, "Is it healthful? legal? Would my parents approve?"

Brainstorm strategies for refusing to participate in negative risky behaviors. Emphasize assertive communication skills:
--Words (positive language that uses "I" messages, e.g., "I think..., I feel...)
--Body language (strong, straight posture; firm stance; freely moving arms, not folded or in pockets)
--Eye contact (look the person directly in the eyes)
--Voice tone (firm, clear, of moderate loudness)

Role-play strategies for saying "no" to negative risks, or have students prepare skits illustrating these strategies.

Explain to students that decision-making can create stress or feelings of uncertainty, fear, or being out of control. People with high self-esteem deal with stress better because they have confidence in their abilities to solve problems/make decisions. People with low self-esteem often try to handle stress by using alcohol and other drugs. Such actions lead to more problems because alcohol and drugs impair one's ability to make decisions.

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Objective: 6.5 continued

Content

--Keep a sense of humor and have fun.
--When you feel stress, practice deep-breathing exercises.
  --When you feel stress, say, "This is a stupid thing to do to my body."
  --Take a deep breath slowly.
  --Think about what stress is in your head and as you breathe out slowly, imagine the stress "flowing" out through your mouth.
  --Take a second deep breath.
  --Now think about the stress in your body, and as you breathe out, imagine the stress "flowing" out through your hands and feet.

Predicting the effects of decisions on
--On short-term goals
--On life-long goals

Teaching/Learning Strategies

List the most common physical signs of stress. Assure students that everyone suffers from stress; however, some people deal with stress more appropriately than others.

Ask students to relate things that cause them stress and the ways they deal with stress. Discuss these ways as appropriate or inappropriate. Lead students to making a list of appropriate ways of dealing with stress. (See the list under "Content.")

As a group, practice the suggested deep-breathing exercises for stress relief. This would be a good activity for the beginning of each class.

Discuss how decisions affect both short-term and life-long goals. Bad decisions, such as doing something illegal, can lead to police records, and a ruined reputation. Help students see that sometimes what seems to be okay for a moment's pleasure can have overwhelming, life-long effects (e.g., having sexual intercourse can lead to pregnancy or possible HIV/AIDS infection).

HIV/AIDS PREVENTION EDUCATION

Objective: 6.6 The students will demonstrate ways to build good relationships and explain the importance of these relationships.

This objective relates to: FLE 6.7, 7.15; Health SOL 5.12, 5.14, 6.11; HIV/AIDS 5.6, 6.4

Content

Definition/importance of relationships

Behaviors necessary for developing good relationships
- --A good self-concept (self-esteem)
- --Self-discipline
- --Recognition that other people need self-esteem and love
- --An understanding and sensitivity to the wide variety in people's characteristics and abilities (e.g., ethnic background, social/economic class, disabilities, religion)
- --Practice of the "golden rule"--treat others the way you want to be treated
- --Concern for others, including those with disabilities
- --Respect for proper authority
- --Acceptance of responsibility for self in relation to others
- --The ability to listen to others and understand how they feel
- --The ability to cooperate rather than be selfish
- --A respect and tolerance for individual differences and points of view
- --Friendliness
- --Loyalty
- --Honesty
- --Learning to control negative feelings (anger)

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Teaching/Learning Strategies

Define relationships as connections between persons or groups. Explain to students that they have different relationships with different people--one kind of relationship with their friends, a different relationship with their teachers, and still a different kind of relationship with their families. Building relationships is an important part of having a good self-image because getting along with others helps you feel accepted and valued. Getting along with others does not mean, however, that you always agree with other people, especially if you think they are wrong. Also you don't have to be friends with everyone. Most people have only a few close friends, but it is also important to get along with people who are not friends (e.g., adults in authority, neighbors, etc.).

Ask students to brainstorm behaviors that are necessary for good relationships. Write these on the chalkboard or chart paper.

Have students begin to build relationships within their own classroom by having a "People Search." This would be a good activity for the beginning of the year. Give students a piece of paper with a list of people to search for and time to move around, interact, and find classmates who fit the description. For example:
- --Someone who has lived in another state is...
- --Someone who has an unusual pet is...
- --Someone who plays a musical instrument is...

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Objective: 6.6 continued

Content	Teaching/Learning Strategies
Building positive relationships with --Family members --Peers --Neighbors --Teachers/adults in authority	--Someone who collects something is... --Someone whose favorite sport is football is .... etc. Engage students in discussing/role-playing the following: --Ways to meet new people --Ways to introduce yourself/others --Ways to cultivate friendships --Ways to resolve misunderstandings/ disagreements --Ways to make an assertive apology (not an excuse) --Say how you feel. --Pat yourself on the back. --State your intention (e.g., "I feel badly that I broke your watch that I borrowed yesterday. I am not usually so careless. I will replace it.").

HIV/AIDS PREVENTION EDUCATION

Objective: 6.7 The student will become aware of community, state, and national health-care and safety agencies and their functions.

This objective relates to: FLE 6.9; Health SOL 5.4, 6.6, 7.13; HIV/AIDS 5.8, 7.4

Content

General and specific agencies and organizations available within a community/state/nation
--Hospital
--Physician
--Nurse
--Police
--Rescue squad
--Health department
--Fire department
--Religious organizations
--Child abuse prevention services
--Substance abuse prevention services
--Mental health counseling
--Teenage pregnancy prevention counseling
--Family planning counseling
--Prenatal care services
--Suicide prevention counseling
--Services for prevention/treatment of sexually transmitted diseases, including HIV/AIDS

Specific health resources at the state and national levels
--Virginia STD/AIDS Hotline (1-800-533-4148)
--Virginia Department of Health
--AIDS service organizations
--Centers for Disease Control
--National Institute for Health
--Food and Drug Administration
--National AIDS Information Line (1-800-342-AIDS)
--STD National Hotline (1-800-227-8922)
--Teen AIDS Hotline (1-800-234-TEEN)
(continued on next page)

Teaching/Learning Strategies

Discuss the importance of every family member's knowing about community agencies, organizations, and support groups that are available in times of need. It is important that students know of general health-care and safety services available within the community as well as in the state and in the nation.

Have students use a phone book to make a list of health-care and safety agencies, the services they provide, and phone numbers to take home and share as a "Family Health-Care and Safety Resource List."

Discuss ways to evaluate resources and which sources of information about health issues are the most accurate:
--Qualifications of the writer/speaker
--Source of information
--Currency of information
--How the information compares with other information

Invite a guest speaker from one of the agencies in your community to explain the services offered by that agency.

HIV/AIDS PREVENTION EDUCATION

Objective: 6.7 continued

Content	Teaching/Learning Strategies
--American Red Cross --March of Dimes --American Cancer Society --American Heart Association --Virginia Lung Association	

Grade 7

Grade 7

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HIV/AIDS PREVENTION EDUCATION

Objective: 7.1 The student will compare sexually transmitted diseases and HIV/AIDS.

This objective relates to: FLE 6.4, 6.5, 7.11, 8.14; Health SOL 7.6, 7.8; HIV/AIDS 6.1, 8.1

Content

Definitions of terms
--STD (sexually transmitted disease)--any number of diseases that can be transmitted through various forms of sexual contact
--HIV (human immunodeficiency virus)--the scientific name for the AIDS virus
--AIDS (acquired immune deficiency syndrome)--a viral disease which damages the body's immune system, making it susceptible to a wide range of serious diseases

Types of common STDs
--Chlamydia
--Genital warts
--Gonorrhea
--Genital herpes
--Syphilis
--Trichomoniasis
--HIV infection
--Hepatitis B
--PID (pelvic inflammatory disease)
--NGU (non-gonococcal urethritis)

Possible results of STDs
--Emotional effects (fear, shame, guilt)
--Sterility in both males and females
--Damage to heart, brain, joints, and other organs
--Birth defects
--Still births
--Death

Comparison of HIV/AIDS to other STDs
--Transmission
--Treatment
--Prognosis

Teaching/Learning Strategies

Explain to students that American teenagers and young adults are currently at risk due to an epidemic of sexually transmitted diseases. STDs are types of infectious diseases that are usually passed from person to person during intimate sexual contact. Most STDs are curable with the exception of HIV/AIDS, which has no known cure. All STDs, including HIV/AIDS, are preventable.

Put students in small groups and have them use health books or library health resources to fill out charts which will help them see the comparison of the various STDs, including HIV/AIDS. The charts may contain the following headings:
--Type of STD
--Symptoms
--Transmission
--Treatment
--Prognosis

When students have finished their charts, involve the class in drawing conclusions about the differences and similarities between STDs and HIV/AIDS.
--Similarities
  --Under certain circumstances anyone can contract HIV/AIDS or an STD. Anyone at risk for STDs is also at risk for HIV.
  --There is a certain amount of social stigma attached to having HIV/AIDS as well as having an STD.
  --Both HIV/AIDS and STDs have a carrier (asymptomatic) state during which an infected person may look and feel healthy but still transmit the disease.

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Objective: 7.1 continued

Content	Teaching/Learning Strategies
	--Both HIV/AIDS and STDs can be prevented. --Like STDs, HIV/AIDS is often transmitted through sexual intercourse. A person cannot become infected with either type of disease by casual contact or from cups, toilets, telephones, towels. However, some STDs (genital herpes, trichomoniasis) may be contracted from toilets and by sharing towels. --Differences --There is no known cure for HIV/AIDS whereas most STDs can be cured. --HIV infection may lead to the development of AIDS, which is usually a fatal disease. --HIV/AIDS gets more attention from the media than other STDs. --People are more afraid of HIV/AIDS than of STDs. --Many people who might agree they have a risk for STDs would not consider themselves at risk for HIV/AIDS. --There is more discrimination involving HIV/AIDS than STDs. (e.g., health insurance, life insurance, immigration, laws, etc.).

HIV/AIDS PREVENTION EDUCATION

Objective: 7.2 The student will explain behaviors that reduce risks for sexually transmitted diseases and HIV/AIDS.

This objective relates to: FLE 7.4, 7.6, 7.11, 8.14; Health SOL 7.5, 7.6; HIV/AIDS 6.1, 7.1, 7.3, 8.3; IAAS 7.9, 8.12

Content

Behaviors that reduce risks for STDs and HIV/AIDS

--Abstinence from sexual intercourse (oral, anal, vaginal)
--Mutually monogamous relationships with an uninfected person (neither has another sexual partner)
--Abstinence from injectable drug use
--Avoidance of needle-sharing (drug, ear-piercing, and tattoo needles)
--Avoidance of blood-to-blood contact (becoming "blood brothers" or giving first aid without gloves)
--Using latex condoms lubricated with spermicides (perhaps nonoxynol-9)

Teaching/Learning Strategies

Based on what students learned about sexually transmitted diseases and HIV/AIDS in objective 7.1, have them brainstorm behaviors that are necessary to reduce the risks for STDs and HIV/AIDS.

Make certain students understand that sexual abstinence means that there is no direct contact of another person's penis, vagina, anus, mouth, or their fluids with one's sex organs.

Emphasize to students that the term "safe sex," is a misnomer. There is no such thing as "safe sex." The only sure ways to avoid STDs and HIV/AIDS are to avoid injectable drug use and needle-sharing and to practice sexual abstinence. Condoms may provide "safer" sex, but they by no means make sex "safe." Most condom failures are the result of improper usage.

HIV/AIDS PREVENTION EDUCATION

Objective: 7.3 The student will differentiate between being pressured by peers and pressuring peers to behave in risky ways and know how to resist peer pressure.

This objective relates to: FLE 7.4, 8.7; Health SOL 8.6; HIV/AIDS 6.4, 6.5, 7.2, 8.3, 8.4; IAAS 6.6, 6.11, 7.6, 7.8

Content

Definitions of terms
--Peer pressure--the strong influence that people of the same age group sometimes have on one another, both positively and negatively

Examples of positive peer pressure
--Getting someone to join a club
--Encouraging someone to get good grades
--Refusing to participate in teasing others

Examples of negative peer pressure
--Drinking
--Taking drugs
--Having sexual intercourse (oral, anal, vaginal)
--Having many sexual partners
--Sharing needles (injectable drug, tattoo, and ear-piercing)
--Doing something illegal

Ways to resist negative peer pressure
--Find out if you are risking getting into trouble. Ask questions. (e.g., "What are we going to do at the store? Do you have any money?")
--Tell the other person what kind of trouble you are risking. (e.g., "That's theft, That's burglary.")
--Tell the other person what you stand to lose--the consequences. (e.g., "I could be suspended, grounded, arrested, etc.")
--Suggest something else to do. (e.g., "Let's go to my house and watch TV. Let's get pizza; I'll buy.")
(continued on next page)

Teaching/Learning Strategies

Ask students to brainstorm ways they have been influenced by peers (people their own age) in the past week. Write responses on the chalkboard or chart paper. Point out that people can influence us in both positive and negative ways. Discuss examples of each from students' responses.

Make sure students are aware of unspoken peer pressure and how it affects them. For example, say to students: "Look at your feet. How many of you are wearing the same brand of tennis shoes? How many of you are wearing jeans? What brand? What about your hairstyles? Are they the same?" Explain that many times people are pressured to conform without realizing it.

Discuss ways of refusing/saying "no" to peer pressure. Explain that even in refusing or saying "no" to your peers, it is still possible to keep your friends, have fun, and stay out of trouble.

Divide the class into small groups. Pass pieces of scratch paper to each student and have students write down something they may be asked to do that could lead to trouble. Have one student collect all ideas and put them in a container for each group member to draw out and read. Ask the group to work together to identify the troubles in the situation, think of the consequences, and a way to resist. After each group has finished, have them trade containers of situations with another group.
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Objective: 7.3 continued

Content

--Leave the scene, but do invite the person to join you later if he/she changes his/her mind. (e.g., "If you change your mind, I'll be at my house.")
--Say "no" over and over again like a broken record.
--Make parents the bad guys; (e.g., "They're coming to pick me up soon" or "They watch me like a hawk").
--Say "no" by praising a person for his or her respect and openmindedness in letting you do what you feel comfortable doing (e.g., "I'm glad you don't make me feel bad for not wanting to...").
--Say "no" by reversing the situation (e.g., "If you were my friend, you wouldn't ask me to...").
--Seek assistance from a trusted adult.

Results of pressuring others
--Feeling in control
--Feeling responsible for others
--Validating your own behavior

Results of being pressured
--Loss of self-image
--Loss of control of your life
--Loss of respect (from self and others)
--Loss of freedom (when you get in trouble with the law)

Reasons to enjoy making your own decisions and sticking to them
--To be in control of your life
--To help get what you want
--To help avoid misunderstandings
--To gain respect from others for sticking up for what you believe in
--To help you create a better self-image

Teaching/Learning Strategies

Example: "I get asked to skip school. That's truancy. If I get caught, I could be kicked out of school for a week, and my parents would probably put me on restriction. Plus, I might get into more trouble while I'm not at school. No, I won't do it. Let's go to school. We can play ball after school is out."

Ask two students to volunteer to leave the room. Then tell the class to pretend that they are at a party and to try to pressure the two volunteers to take a drink when they return to the room. Tell the two volunteers to resist the class's pressure. After the role-play, ask students to identify the following:
--Ways the class pressured the volunteers to drink
--Ways the volunteers said "no"
--Feelings of the class as they pressured
--Feelings of the volunteers as they were pressured

Have each student design a cartoon and write the words that will illustrate one of the following situations:
--Saying "no" to drugs
--Saying "no" to tobacco
--Saying "no" to alcohol
--Saying "no" to sexual intercourse

Discuss how the media (soap operas, MTV, movies) use teenagers to influence the views of other teenagers concerning sex and risky behaviors.

Discuss with students the positive aspects of making your own decisions and sticking to them.

HIV/AIDS PREVENTION EDUCATION

Objective: 7.4 The student will summarize local resources for HIV/AIDS information.

This objective relates to: FLE 7.11; Health SOL 6.6

Content

Hospital

Health Department

Hotlines
--National AIDS Information Line
1-800-342-AIDS
--STD National Hotline 1-800-227-8922
--Virginia STD/AIDS Hotline
1-800-533-4148
--Teen AIDS Hotline 1-800-234-TEEN

AIDS service organizations

March of Dimes

American Red Cross

Community organizations

Substance abuse services

Support groups for persons living with HIV/AIDS and their families, partners, friends

College or university health center or health education department

Religious organizations

Local hemophilia chapter

AIDS testing centers

Mental health centers

Hospices

Teaching/Learning Strategies

Divide the class into small groups to make a class book or bulletin board display entitled "HIV/AIDS Aids." Each group is responsible for gathering information, pamphlets, etc., about a particular local resource for HIV/AIDS information and including it in the book or on the bulletin board along with the following information:
--Name of the resource
--Phone number
--Location
--Hours
--Type of service provided
--Cost
--Contact person

This objective provides an excellent opportunity for you to invite a speaker from one of the local HIV/AIDS information services to speak to the class to provide the latest information on AIDS and to describe the services of his or her particular organization.

Grade 8

Grade 8

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HIV/AIDS PREVENTION EDUCATION

Objective: 8.1 The student will describe the stages of HIV infection and AIDS.

This objective relates to: HIV/AIDS 7.1, 8.2, 9.6

Content

Definitions of the acronyms HIV and AIDS

Identification of the stages of HIV infection and AIDS

--Acute infection--HIV enters/infects the body perinatally or from someone else's blood, vaginal fluid, or semen

--Asymptomatic HIV-positive--a person is infected with HIV but shows no signs or symptoms; however the person is capable of transmitting the virus

--Symptomatic HIV-positive (persistent generalized lymphadenopathy)--a person is infected with HIV and developing some of the nonspecific chronic signs and symptoms (fever, fatigue, swollen glands, cough, unexplained weight loss, severe, and persistent diarrhea)

--AIDS--a person is infected with HIV and opportunistic diseases are present (such as PCP, a rare type of pneumonia, and Kaposi's sarcoma, a rare skin cancer)
rare skin cancer)

--Death usually follows the onset of AIDS

Teaching/Learning Strategies

Have students in small groups brainstorm what the acronyms HIV and AIDS mean. After five minutes, ask them to report their definitions to the class. Write all responses on the chalkboard or chart paper. With students, arrive at the meaning of each letter in the acronyms.

H = Human--refers to a virus whose host is a person

I = Immunodeficiency--decreasing the function of the immune system in a person

V = Virus--a parasite that infects and destroys human cells

A = Acquired--something we get after we are conceived (when egg and sperm meet), not inherited as in hair and eye color

I = Immune--relating to our body's defense system against disease (like an army defending a country)

D = Deficiency--A lack of something--our immune system does not work (because the soldiers [white blood cells] are too weak or too few to fight)

S = Syndrome--a group of symptoms, any or all which may be present when a person has a disease

Explain that AIDS is caused by a virus--the human immunodeficiency virus (HIV). HIV/AIDS is not hereditary, but it is an infectious disease; therefore, we can get the disease from someone else.
(continued on next page)

Objective: 8.1 continued

Content	Teaching/Learning Strategies
	List for students and describe the stages of the HIV/AIDS disease. Emphasize that everyone infected with HIV may not develop AIDS. Some individuals develop no symptoms at all and appear to be healthy. These asymptomatic HIV-positive persons, however, can transmit the virus to someone else. Have students use the library to find an article by or about a person infected with HIV. Look for articles in magazines and books that describe the personal perspective of the progression of the disease, not just facts and statistics. Show a media presentation such as "The Ryan White Story" to enhance the impact of this objective.

HIV/AIDS PREVENTION EDUCATION

Objective: 8.2 Explain how a healthy immune system functions and what happens when the immune system is invaded by HIV.

This objective relates to: FLE 7.6, 7.11, 8.14, 9.12; HIV/AIDS 7.1, 8.1

Content

The body's natural lines of defense
--Skin
--Hair (nose hair and eyelashes)
--Mucus
--Saliva
--Stomach acids
--White blood cells
--Antibodies
--T-helper cells

How a healthy immune system works
--White blood cells engulf bacteria or produce poisons to kill parasites.
--B-lymphocytes (a type of white cell) make antibodies which attach to and help kill infecting microorganisms (pathogens) like viruses and bacteria.
--These antibodies produce immunity and the ability to prevent re-infection by the same pathogen.
--T-lymphocytes (white cells), produced by the thymus and called T-helper cells, control the activity of other white blood cells and help to activate the B-lymphocytes when infection is present and help to deactivate them when the infection is controlled.

What happens when the HIV virus enters the immune system
--Viruses are parasites; therefore, the HIV virus attaches itself to a T-helper cell and releases its nucleic acid into the host cell.
--After infecting a T-helper cell, HIV may remain dormant for a period (8-10 years, possibly more).
--The virus reactivates, begins reproducing, and kills the T-helper cells.

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Teaching/Learning Strategies

Review by brainstorming with students the function of the body's natural lines of defense that were discussed previously in objective 6.2. These defenses range from the skin, nose hair, eyelashes, mucus, and saliva, which prevent germs from entering the body, to the immune system, whose antibodies and T-helper cells prevent infection and reduce the severity of disease when infection occurs.

Emphasize that the HIV virus attacks the body's immune system, causing it to break down. Therefore, the body is unable to resist or reduce the severity of infections, such as pneumonia, and certain cancers. These infections and diseases often kill a person.

Make a two-column chart on the chalkboard or overhead. In one column have students list what happens in a healthy immune system when a germ (bacterium or virus) enters the body. In the other column, have students list what happens when HIV enters the body.

Ask students, working in small groups, to create an analogy of the immune system, its function, and what happens when HIV enters the system. Some examples might be comparing the immune system to a fort, sentinels, and invading soldiers or to an orchestra and its conductor. Have students creatively present their analogies through diagrams, cartoons, role-playing, etc. Praise all efforts. The point is to get students thinking about the immune system, its importance to one's health, and the dangers of HIV to the immune system.

Objective: 8.2 Continued

Content	Teaching/Learning Strategies
--If enough T-helper cells are killed, the person's ability to activate the immune system is diminished or lost, and he or she may be unable to fight off infections/ cancers. --The immune system contains the lymphatic system, whose lymph carries white blood cells (lymphocytes) to infected areas. --When the immune system cannot function to kill infections or control abnormal cell growth (cancer), even relatively harmless microorganisms that normally exist in the human body can kill a person.	

HIV/AIDS PREVENTION EDUCATION

Objective: 8.3 The student will review sexual and nonsexual high-risk behaviors and steps to take to reduce these risks.

This objective relates to: FLE 8.11, 8.14, 9.7; Health SOL 7.6, 9.3; HIV/AIDS 7.2, 7.3, 8.4, 9.3; IAAS 7.6, 7.8, 7.9, 8.11, 8.12, 9.7, 9.8

Content

Definitions of terms

--Risk--a chance of encountering damage or harm
--Positive risk-taking behavior--low-risk decisions involving feelings, disappointment, etc.
--Negative risk-taking behavior--high-risk decisions involving physical harm or long-term problems
--High-risk behavior--behavior that threatens a person's health and well-being because it sets up the body for the possible invasion of an infectious agent

High-risk behaviors for contracting HIV/AIDS
--Sexual behaviors
  --Having sexual intercourse (oral, anal, or vaginal) with an infected person
  --Having multiple sexual partners (i.e., the more partners, the greater the risk)
  --Having sexual contact with a prostitute

--Nonsexual behaviors
  --Using injectable drugs
  --Sharing needles or syringes, (ear-piercing, tattoo, drug and steroid)
  --Exchanging blood ("blood brother" rituals or giving first aid without gloves)
  --Using other drugs, including alcohol (can impair a person's judgment in making a responsible decision about risky behaviors)

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Teaching/Learning Strategies

Discuss the concept of risk. Explain that any decision involving the unknown involves a risk. Point out that all of life involves some amount of risk-taking. Some risk-taking behaviors are positive and others are more negative. Positive risk-taking behaviors are low-risk decisions, such as trying out for a team, asking someone for a date, applying for a job, etc. Their only real risk involves feelings (disappointment, rejection, disapproval, etc.). We all have to take these risks to learn, grow, and succeed. Negative risk-taking behaviors, on the other hand, are high-risk decisions, such as fighting, shoplifting, taking drugs, etc. These risks involve accidents, physical harm to self or others, or long-term problems that affect the quality of life. Explain that some people are naturally more likely to take risks than others.

Have all students play the "Risk Game" to assess their own risk-taking behavior. Label each corner of the room with a sign saying either "ALWAYS," "NEVER," "SOMETIMES," and "NEUTRAL." Ask all students to stand in the "NEUTRAL" corner. Then tell them that as you read out a behavior, they are to move to the corner where the sign best describes how often they have engaged in the behavior you just read. Tell them they always have the right to pass and stay in the neutral corner. Suggested behaviors to read aloud:
--Wearing a seat belt
--Jaywalking (crossing against a red light)

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Objective: 8.3 continued

Content

Ways to reduce risks
--Make responsible decisions
--Don't have sexual intercourse--oral, anal, or vaginal (to be 100% safe).
--Seek a monogamous relationship with one uninfected partner.
--Limit the number of sexual partners.
--Don't have intercourse with someone who has had many sexual partners.
--If you have intercourse, use a latex condom lubricated with spermicide (perhaps nonoxynol-9).
--Practice alternatives to intercourse
  --Hugging
  --Kissing
  --Listening to joys, hurts
  --Doing special things together
  --Talking on the phone
  --Being close
  --Giving a special gift
  --Talking openly about feelings
  --Sending cards
  --Trading rings
  --etc.
--Talk with the person you date about past relationships, your concern about HIV/AIDS, and protecting each other.
--Do not share injectable drug needles, syringes, or other works.
--Do not share ear-piercing or tattoo needles, razors, or toothbrushes.
--Avoid taking drugs and alcohol. They impair your judgment.

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Teaching/Learning Strategies

--Riding in a car with someone who's been drinking
--Shoplifting
--Smoking
--Cutting class
--Hitchhiking
--Fighting
--Cheating on a test

Ask students to brainstorm other behaviors. After reading each behavior, have students discuss what the risks are and how risky they think the behavior is.

Review with students what they already know about HIV/AIDS and how the disease is transmitted. Make sure students understand that the virus is found in body fluids--blood, semen, vaginal secretions, tears, and saliva. Point out that even though HIV has been identified in tears and saliva, no cases of transmission from these body fluids have been reported and casual contact is not a risk. However, any exchange of blood, semen, or vaginal secretions can result in HIV infection.

Divide students into small groups, give them a list of behaviors, and have them rank them as "definitely not risky," "probably risky," or "definitely risky." Include behaviors such as:
--Going to school with a person with HIV/AIDS
--Donating blood
--Having sexual intercourse
--Abstinence (No sex! No drugs!)
--Social kissing (dry)
--Intimate, deep kissing (wet)
--Ear-piercing or tattooing

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Objective: 8.3 continued

Content

Ways to make responsible decisions
--Identify the problem.
--Evaluate or gather information about the problem.
--Identify possible ways (alternatives) of solving the problem.
--Identify the possible consequences (pros and cons) of each solution.
--Decide which solution is best for everyone.
--Evaluate your solution.

Teaching/Learning Strategies

--Sharing a razor
--Sharing a toothbrush
--Blood transfusions (before March 1985)
--Using a condom during intercourse
--Swimming in public pools
--Crying, coughing
--Using drugs (including alcohol)

After students complete their rankings in groups, allow the class to discuss the rankings and discuss the rationale used in the rankings. Be alert for misinformation and correct it as soon as it occurs.

Emphasize that avoiding high-risk behaviors involves making responsible decisions. Students are likely to be faced with these choices repeatedly; therefore, they need to know how to go about making intelligent decisions, not haphazard ones. Review the decision-making process. With the class, "walk through" a model problem-solving situation.

Stress that the decision about having sex is difficult and is often influenced by many factors (e.g., values, media, pressure, self-concept, etc.). Stress that nothing is wrong with a person who chooses to wait until marriage to have sex (abstinence). Point out that at least 50% of teenagers by age 17 are choosing <u>not</u> to have sex. Discuss the positive aspects of waiting (e.g., allows a couple to develop a deeper relationship, can be a test of love, can be a sign of emotional maturity, etc.). Emphasize that abstinence is the only sure way of reducing the risk of contracting STDs or HIV/AIDS.

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Objective: 8.3 continued

Content	Teaching/Learning Strategies
	Pose a sample problem and in small groups have students work through the process of decision-making.
	Role-play situations in which a person must say "no" numerous times. Discuss how this is difficult.
	Have students in their journals write responses to the following questions: --If you and your girlfriend or boyfriend decide to postpone sexual intercourse, what other ways can you show him or her that you love him or her? --How can a person change high-risk behaviors into low-risk or no-risk for contracting HIV?
	Have students share responses about ways to share love without having intercourse. These might become a class bulletin board titled "Better Safe Than Sorry!"

HIV/AIDS PREVENTION EDUCATION

Objective: 8.4 The student will identify ways to strengthen self-concept and know stress-management skills.

This objective relates to: FLE 7.4, 8.3, 8.8, 9.4; Health SOL 7.11; HIV/AIDS 7.3, 8.3, 9.5; IAAS 7.5, 7.8, 8.10, 9.7, 9.8

Content

Definitions of terms
--Self-image (self-concept)--the way you see yourself as a person
--Poor self-image--feeling negative about yourself
--Good self-image (self-esteem)--feeling positive about yourself and accepting your own strengths and weaknesses

Why a good self-image (self-esteem) is important
--It affects your reactions to experiences and to others.
--It affects your tendency to get involved in high-risk behaviors.
--It affects your future.

Ways to strengthen self-image
--Focus on positive thoughts about yourself (your strong points).
--Express negative thoughts in more positive, realistic ways.
--Accept yourself as unique, not exactly like everyone else.
--Do not depend on someone else's opinion of you or uncontrollable circumstances (inherited physical traits) as your gauge of your personal worth.
--Plan ways to strengthen your weaknesses, but set reasonable goals (improvement, not perfection).
--Accept both your positive and negative emotions and learn to deal with them.
--Learn to accept compliments with a smile and a "thank you," not a negative statement. ("You don't mean that. It was nothing.")

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Teaching/Learning Strategies

Discuss the question, "Who Am I?" Talk about the ways we identify ourselves, such as by the roles we play, the way we look, the interests we have, and the things we do and say. Ask students to write a short paper answering the question, "Who Am I?" Ask them to try to see themselves in as many different ways as possible.

Have students in their journals make a list of "Things I Value." Then have students rank the items on a scale of 1 to 10 (least valued to most valued). Explain that knowing what we value helps us know ourselves. Also, point out that our values change as we grow and change physically, emotionally, intellectually, spiritually. Tell students that they might wish to do a values survey on each successive birthday and then compare their most recent list to the previous year's list to see how their values change with their age.

Explain that each of us has three images--the way we see ourselves (as in the paper students just wrote), the way others see us, and the way we think others see us. Our self-esteem is affected by each of these images. If we see ourselves as unable to do anything right, we have a poor self-image. If we recognize that we have strengths as well as faults and work to improve our faults, we have a good self-image (self-esteem).
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Objective: 8.4 Continued

Content

Definition of stress--the body's general reaction to situations associated with uncertainty, fear, or being out of control

Physical effects of stress
--Headache
--Fatigue
--Backache
--Stomachache
--Insomnia
--Loss of appetite
--Pounding heart
--Proneness to accidents
--Feelings of helplessness, hostility, anger, depression, guilt, lethargy

Sources of stress
--Parental pressure/family problems (illness, death, moving)
--Peer pressure (to drink, to smoke, to have sex)
--School pressures (worrying about grades, making teams, etc.)
--Changing relationships (divorce, remarriage, breaking off relationships)
--Teenage pregnancy
--Fear of HIV/AIDS
--Physical conditions (hunger, tiredness, injury)
--Pleasant events (trips, important games, holidays, recitals, etc.)

Negative ways of coping with stress
--Alcohol
--Drugs
--Suicide
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Teaching/Learning Strategies

Have students in their journals/ notebooks write about (a) a characteristic that makes them feel good about themselves (a strength), (b) a characteristic they would like to change (a weakness), and (c) ideas for ways to improve a weakness.

Ask the class for their ideas on why this objective is included in an HIV/AIDS prevention curriculum. Students need to understand that when they feel good about themselves, they are less likely to engage in high-risk behaviors such as those outlined in objective 8.3. Students who turn to drugs and sex usually do so because they have poor self-images.

Have students work in teams preparing skits to show situations in which a character has a poor self-image and then changes it into a good one by changing negative thinking into positive thinking.

Define stress and list its physical effects. Next, prepare a stress inventory in which students name one stressor, and all students rate the stressors on a scale of 1 (not a problem) to 5 (a very strong problem). Ask the entire group to suggest appropriate ways to handle stress (coping skills).

Ask students to list in their journals things that cause them stress (make them feel bad, worried, concerned, or anxious).

Tell students that people with low self-esteem will often try to handle stress with the use of alcohol and other drugs. Drug use, however, only leads to additional problems. People with
(continued on next page)

Objective: 8.4 continued

Content	Teaching/Learning Strategies
Positive stress-management techniques --Proper diet --Physical exercise and sports --Sufficient rest --Creative arts --Religious activities and youth groups --Career-development and life-management activities --Time management --Relaxation; visualization --Confiding in a responsible adult (family, friends, counselor) --Using the problem-solving method (used in objective 8.3) --Setting realistic goals, believing in yourself--maintaining a good self-image --Keeping a sense of humor	high self-esteem are better able to handle stress because they have confidence that they can solve problems and face difficulties. They also know their limitations and do not try to be perfect. Invite a guest speaker specifically trained to teach stress-management techniques to speak to the class or sponsor a school-wide night meeting for teens and parents on "How to Take the Stress Out of Stress."

HIV/AIDS PREVENTION EDUCATION

Objective: 8.5 The student will discuss the responsibility of the media in giving accurate information about HIV/AIDS

This objective relates to: New

Content

Why accurate information about HIV/AIDS is needed
--To avoid unnecessary fear, anger, and discrimination
  --Fear results from the unknown or misinformation.
  --Anger can develop when one's needs are threatened or when a fear of such a threat results.
  --Discrimination can occur as a result of fear and anger.
--To accurately educate people about HIV/AIDS and its prevention and not create misinformation
--To avoid creating mass hysteria

How to evaluate the accuracy of information
--What are the qualifications of the writer/speaker?
--What is the source of the information?
--How current is the information?
--How does this information compare with other information?

Teaching/Learning Strategies

Have each student bring in at least one media message to analyze for accuracy. Divide students into small groups for this activity. Discuss questions students should use to evaluate the accuracy of information (listed under "Content"). Allow each group time to report to the class its findings about the accuracy of all the group's media messages.

Have students write and deliver to the class a one-minute public-service message concerning HIV disease. Evaluate the messages for accuracy. Display the messages around the room as well.

Have students watch the nightly news on TV, listen to radio news daily, or read the paper daily for a period of time and keep a log of the number of pieces of news related to HIV/AIDS and the type of information related. This activity will allow students the opportunity to compare news reports for accuracy.

Grade 9

Grade 9

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HIV/AIDS PREVENTION EDUCATION

Objective: 9.1 The student will explain the scope/impact of HIV/AIDS infection in Virginia and the United States.

This objective relates to: HIV/AIDS 8.5, 10.4, 10.5

Content

Statistics concerning HIV/AIDS infection in Virginia and the U.S.

Impact of HIV/AIDS infection
--On families
  --Emotional stress
  --Financial stress
  --Isolation

--In schools
  --Changes in educational programs (e.g., Family Life Education, HIV/AIDS Prevention Education)
  --Children with HIV/AIDS in schools

--In the community
  --Numbers of people infected
  --Increase in infection in the teenage population
  --Publicity surrounding HIV/AIDS
  --Children and HIV/AIDS

--In sexual behavior
  --Frankness about sex and sexual behaviors
  --Loss of friends
  --Return of abstinence/monogamy
  --Modifications of sexual behaviors

--In business
  --HIV/AIDS-infected workers
  --Loss of work time
  --Loss of jobs
  --Medical insurance
  --Disability pay
  --Employee fears

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Teaching/Learning Strategies

Obtain from the local health department the most recent figures on the number of HIV/AIDS cases in Virginia and the U.S. Have students research and compare these recent numbers with past figures to illustrate the growth of HIV/AIDS in Virginia and the U.S. This activity can be integrated with math class by having students graph the statistical information they find.

With students, brainstorm ways HIV/AIDS has impacted lives today. Write the acronyms HIV/AIDS in a circle on the chalkboard. Then draw a "mind map" with circles branching off the original circle. Each circle will represent an area of life affected by HIV/AIDS. Write students' responses in each circle and discuss specific changes which have occurred within each area of life affected.

Divide students into small groups called "Fact Finders." Ask each group to choose one of the areas of life impacted by HIV/AIDS infection, do further research on the topic, and present their findings to the class. Encourage students to use the most current information possible--newspaper or magazine articles, recent laws, personal interviews, etc.

For a period of time (2-4 weeks), have students clip newspaper or magazine articles about HIV/AIDS. Display these on a bulletin board and discuss the topics they cover.
(continued on next page)

Objective: 9.1 Continued

Content

--In courts of law
  --Lawsuits from people infected by others
  --Loss of child custody
  --Laws protecting persons with HIV/AIDS
  --Insurance coverage for those infected with HIV/AIDS
  --Testing programs
  --Discrimination
  --Lawsuits and laws protecting health-care workers

--In the military
  --Medical care
  --Effect on manpower availability
  --Effect on soldier and unit morale
  --Effect on overall combat readiness

--In federal, state, and local governments
  --Money spent on programs to combat HIV and assist HIV-infected persons/families
  --Loss of tax revenues from persons with HIV/AIDS
  --Policy development/new laws

--In public health
  --Cost of treatment sites and care
  --Drug control programs
  --Stress on health-care workers
  --Global mobilization against HIV/AIDS
  --Refusal of health-care workers to care for persons with HIV/AIDS

--Testing
  --Money
  --Tracking statistics about HIV/AIDS
  --Recommending policy concerning HIV/AIDS

(continued on next page)

Teaching/Learning Strategies

If allowed by your school division, have a person with HIV/AIDS (preferably in his or her 20s) speak to the class. This first-hand commentary on what it is like to live with HIV/AIDS may put things into perspective for the students.

Objective: 9.1 continued

Content	Teaching/Learning Strategies
--In science and medicine --Research --Testing --Adoption of universal precautions by hospitals/emergency medical services/ police officers --Fewer physicians pursuing careers in internal medicine --Refusal to treat HIV/AIDS-infected patients in many emergency rooms AIDS may become the most widespread, expensive, and deadly disease of modern times.	

HIV/AIDS PREVENTION EDUCATION

Objective: 9.2 The student will differentiate between facts and myths associated with HIV/AIDS.

This objective relates to: Health SOL 9.6, 9.7; HIV/AIDS 8.1, 8.2, 10.1, 10.2

Content

Definitions of terms
--Fact--a statement that can be proven true
--Myth--a widely accepted belief that is unrealistic and unfounded

Distinguishing statements about HIV/AIDS as myths and facts

Decision-making based on recognition of facts and myths

Teaching/Learning Strategies

Distinguish between the terms fact and myth and provide examples of each.

Have students brainstorm any statements they already know or have heard about HIV/AIDS. Write these statements on the chalkboard, chart paper, or an overhead transparency and ask students to classify them as fact or myth. Be sure the statements listed include most of the following:
--You cannot catch HIV by sitting next to an infected person. (fact)
--There is a vaccine on the market to prevent HIV/AIDS. (myth)
--Women cannot transmit HIV. (myth)
--Not having sex is one way to prevent the transmission of HIV. (fact)
--People can look and feel good and still transmit HIV. (fact)
--Everyone infected with HIV has developed AIDS. (myth)
--A person can get HIV/AIDS from donating blood to a blood bank. (myth)
--Most children with HIV/AIDS got it from an infected mother. (fact)
--People who inject drugs and share needles can get HIV. (fact)
--HIV/AIDS is a gay disease. (myth)
--HIV/AIDS can't happen to me. (myth)
--A person worried about being infected with HIV can be tested for it and know if he or she has the disease. (fact)
--A person can become infected with HIV by using public bathrooms. (myth)
--No one has become infected with HIV by kissing. (fact)
--HIV damages the immune system. (fact)
(continued on next page)

Objective: 9.2 continued

Content	Teaching/Learning Strategies
	--A person can make choices that protect him or her from becoming infected with HIV. (fact) --People who have HIV/AIDS have damaged immune systems. (fact) --Going to school with someone with HIV is dangerous. (myth) --Mosquitoes can spread HIV. (myth) --You can get HIV from sharing food. (myth) --Babies cannot have HIV/AIDS. (myth) --AIDS and HIV infection are the same thing. (myth) --You can get HIV by swimming in pools. (myth) --People who don't know they are infected with HIV can spread the virus without knowing it. (fact) Make sure you dispel any misconceptions students may have about the facts and myths concerning HIV/AIDS through lectures, media presentations, fact sheets, etc. Have students in their journals or notebooks write responses to the following situation: --A good friend of yours has just returned from the hospital and has been diagnosed as having HIV/AIDS. You have been invited to dinner at his or her house. Will you go? Students should write their concerns, discuss the facts, and explain their decisions.

HIV/AIDS PREVENTION EDUCATION

Objective: 9.3 The student will explain the most effective methods of preventing the spread of HIV/AIDS.

This objective relates to: FLE 9.6, 9.12; Health SOL 9.7; HIV/AIDS 8.3, 10.3

Content

Risky behaviors that put a person in danger of HIV/AIDS
--Having sexual intercourse (oral, anal, vaginal) with an infected partner/partners
--Having multiple sexual partners
--Having sexual contact with a prostitute
--Using injectable drugs
--Sharing needles (drug, tattoo, ear-piercing)
--Using alcohol and other drugs
--Sharing blood (in "blood brother" rituals and by giving first aid without gloves)

"Safe" behaviors
--Abstaining from sexual intercourse (oral, anal, vaginal)
--Abstaining from injectable drug use
--Maintaining a monogamous sexual relationship with an uninfected person
--Avoiding needle-sharing (tattoo, ear-piercing, drug, including steroid)
--Avoiding drug and alcohol use (it can impair judgment and lead to risky behaviors)

"Safer" behaviors
--Using a latex condom lubricated with a spermicide (perhaps nonoxynol-9)
--Limiting the number of sexual partners

Teaching/Learning Strategies

Ask students to recall from objective 9.2 the ways HIV/AIDS is transmitted:
--From sexual intercourse (oral, anal, vaginal)
--From blood-to-blood contact (including sharing injectable drug equipment or "works," giving first aid without gloves, "blood brother" rituals)
--From an infected mother to her unborn child

Have students participate in a class activity to help them understand how HIV may be transmitted sexually. Tell one student (without anyone else's knowing) that he/she is the "special one" (the HIV-infected) for this activity. Ask students to stand and shake hands with another student. Then, have each student shake hands with another person. After the entire room is standing and everyone has shaken hands, tell students that now they will be able to see that when a person has had sex with someone, he/she has also had sex with each of that person's sexual partners. Ask the "special one" to identify himself/herself. If students shook hands with the "special one," ask them to raise their hands. Keep the hands up. If other classmates shook hands with any of these persons, they are to raise their hands. Students can <u>see</u> how easy it is to spread HIV. This concept can also be shown by having a student break off and eat a part of food and pass it on with each student breaking off and eating a piece of food in turn.
(continued on next page)

Objective: 9.3 continued

Content

Teaching/Learning Strategies

Write the word PREVENTION vertically on the board and have students work in groups of three to prepare a list of AIDS prevention guidelines that begin with each letter of the word (P, R, E, etc.). These methods address the individual's responsibility in the prevention of HIV transmission (e.g., P= Practice abstinence; N= No sex, no drugs!).

Compile students' lists of prevention tips into one set of guidelines for all students in school. Have each group write one of its methods on the board next to one of the letters in the word "Prevention."
You may wish to distribute this list school-wide on flyers, bulletin boards, posters, newspapers, etc. Check with your principal first.

Emphasize that using a condom does not make sex "safe." Condoms may make sex "safer," but the only "100% safe" behavior is abstinence.

HIV/AIDS PREVENTION EDUCATION

Objective: 9.4 The student will examine ethical issues related to HIV/AIDS.

This objective relates to: HIV/AIDS 8.5, 9.5, 9.6, 10.5

Content

The "right to know" vs. confidentiality
--Should people infected with HIV be identified by some visible sign?
--Should workers or school children infected with HIV be identified?

Testing
--Should teachers and school cafeteria workers be required to take a test for HIV?
--Should there be compulsory HIV testing for everyone? for patients undergoing surgery? for marital applicants?

Discrimination
--How should people with HIV/AIDS be treated?
--Should a student with HIV infection or AIDS be allowed in school?
--Should persons with HIV or AIDS be banned from public events, jobs, public services (buses, food services)?
--Should those infected with HIV be quarantined in some way to prevent the spread of disease?
--Should a teacher with HIV/AIDS be removed from the classroom?

Putting others at risk
--Should a person infected with HIV be punished for knowingly and deliberately exposing others to the virus by having unprotected sexual intercourse?
--Should a doctor (dentist, etc.) be forced to terminate his or her practice if he or she becomes infected with HIV?
--Should a person infected with HIV be required to tell his or her dentist/doctor before being treated?

(continued on next page)

Teaching/Learning Strategies

Share some current events articles you have collected to make students aware of ethical issues that have arisen as a result of the HIV/AIDS crisis.

Over a period of time, have students read current articles in newspapers and magazines to add to the list of ethical issues you began and to discuss with the class.

Have small groups of students research and debate some of the issues named in the "Content" section or other issues that may arise in the course of research and discussion. In the debate format, one side (the affirmative) presents a case in favor of a proposition, and one side (the negative) presents its case against a proposal stated in affirmative terms. For example: Resolved: A student with HIV/AIDS should be banned from school. The "burden of proof" is on the affirmative team. The negative team raises questions and makes arguments to rebut those of the affirmative team.

There are several formats that can be used in the debate. These are found in most English or speech textbooks. This activity would be a good one for integrating HIV/AIDS prevention education into the English curriculum.

Objective: 9.4 continued

Content	Teaching/Learning Strategies
--Should a health-care worker be allowed to refuse to care for an HIV positive patient? What if the health-care worker is pregnant? --Should a patient be required to tell his health-care worker if he or she is HIV positive?	

HIV/AIDS PREVENTION EDUCATION

Objective: 9.5 The student will discuss attitudes, risks, and behaviors of peers regarding HIV/AIDS issues.

This objective relates to: HIV/AIDS 8.3, 8.4, 9.3, 10.3; IAAS 8.10, 8.12, 9.7, 9.8

Content

Common attitudes of peers about HIV/AIDS
--HIV/AIDS is not going to happen to me.
--One day they'll find a cure for HIV/AIDS.
--HIV/AIDS is a gay disease.
--HIV/AIDS affects mainly ethnic groups.
--HIV/AIDS is going to kill us all.

Risky behaviors that make a person susceptible to HIV/AIDS
--Having sexual intercourse (oral, anal, vaginal)
--Having multiple sexual partners
--Sharing needles (injectable drug, steroid, tattoo, and ear-piercing needles)
--Exchanging blood (becoming "blood brothers" or giving first aid without gloves)
--Using alcohol and other drugs (may impair judgment)

Concept of risk/risk-taking behaviors
--Physical risks--involve the potential for negative health outcomes (e.g., illness, broken bones, death, etc.)
--Social risks--involve the potential for a social consequence (e.g., being jailed for a crime, fined, etc.)
--Emotional risks--could result in hurt feelings, embarrassment, etc.

Personal assessment of risk-taking behavior
(continued on next page)

Teaching/Learning Strategies

Have each student make a list of questions and conduct an informal survey of 5-10 peers to determine their attitudes about HIV/AIDS. The survey can involve simple questions, such as "What do you think about HIV/AIDS?" or "Do you think you are at risk of getting HIV/AIDS?" Students should record the responses (no names attached to the responses) and share them in class. Compile a list of responses on the board. Have the class compile a fact sheet for their peers based on the results of their surveys. Emphasis should be on correcting misinformation the students discovered from their surveys.

Discuss with students the concept of risk and risk-taking behavior. Explain that all of life involves decisions about taking risks. There are varying degrees of risk. The risks in this objective involve physical, social, and emotional consequences. Some risks are positive; others are negative. Tell students that there are generally three ways in which people decide whether or not to engage in risk-taking behavior. They actively seek out the behavior, actively avoid the behavior, or accept or go along with the behavior under certain circumstances.

Engage students in an activity to assess what kind of risk-taker they are. Label three locations in the classroom with the signs "SEEK," "AVOID," and "ACCEPT." Read statements of behaviors to students and ask them to move to the sign that most accurately
(continued on next page)

Objective: 9.5 continued

Content

Strategies to use as positive alternatives to negative risk-taking behaviors
--Feeling good about (having self-esteem) and taking responsibility for oneself
--Using the decision-making model (to decide how to behave)
--Knowing refusal skills (to act on decisions and to fight peer pressure)
--Knowing coping behaviors (to respond appropriately in stressful situations)

Teaching/Learning Strategies

reflects their response to each of the behaviors being described. After each statement is read and students have moved to their respective places, ask for volunteers to comment on why they chose to stand in that spot. Some possible behaviors to read:
--Riding in a car without a seatbelt
--Driving a car without insurance
--Asking someone out on a blind date
--Shoplifting a piece of candy from a store
--Going to a party where you don't know anyone but the host
--Having sexual intercourse without a condom
--French or deep kissing
--Running for class office
--Trying out for a varsity team
--Smoking to fit in with peers
--Making the honor roll

Discuss the process of deciding about taking risks, especially examining the consequences of risk-taking situations. Using a situation relevant to the students' lives, review the steps in decision-making:
--What's the problem?
--What information do I have?
--What information do I need?
--What are my alternatives and the possible consequences of each?
--What is my decision?

Discuss and model ways to refuse certain risk-taking behaviors without losing friends.
--Find out if you are risking getting into trouble by asking questions. (What are we going to do? Who will be there?)
--Tell the other person what kind of trouble you are risking.
(continued on next page)

Objective: 9.5 continued

Content	Teaching/Learning Strategies
	--Tell the other person what you stand to lose (the consequences). --Suggest something else to do that is not so risky. --Leave the scene, but invite the other person to join you if he/she changes his/her mind. Review information in objective 8.4 on self-esteem and coping with stress. These strategies will help students in dealing positively with negative risk-taking situations. Engage students in brainstorming some risky behaviors of teens that could be considered risky behaviors for HIV/AIDS. Write these on cards. Arrange students in pairs. Have one partner, the "pusher," draw a card and try to get the other partner, the "resister," involved in the risky situation listed on the card. The "resister" will refuse the behavior by using the decision-making model and refusal skills. Examples of risky behaviors: --Going steady --Hanging around with older friends who are sexually active --Having friends of the opposite sex in your home when your parents are away --Going to unchaperoned parties --Getting drunk or high --Heavy petting and kissing --"Hiding out" at parties --"Teasing" and testing --Using media and books which arouse sexual feelings --Following behaviors of poor adult models (Adults are not <u>always</u> right!) (continued on next page)

Objective: 9.5 continued

Content

Teaching/Learning Strategies

If your school has a "peer facilitator" or "peer counselor" program, you might wish to have these trained students use their skills in helping other students think about their attitudes and feelings, explore alternatives to situations, and make responsible decisions.

Ask students to write in their journals or notebooks about the following:

(a) Ways my life has been affected or changed because of HIV/AIDS
(b) Three fears or concerns I have about HIV/AIDS
(c) My idea about who gets HIV/AIDS
(d) How I can avoid getting HIV/AIDS
(e) A decision I made this week. (Discuss how you made it and evaluate the decision.)

HIV/AIDS PREVENTION EDUCATION

Objective: 9.6 The student will identify the impact of HIV infection on people with HIV/AIDS.

This objective relates to: HIV/AIDS 9.1, 10.5

Content

Consequences of being infected with HIV/AIDS
--Inability to have unprotected sexual intercourse without giving the disease to a partner
--Inability to have children without risking the chance a child will be born with HIV
--Difficulty pursuing long-term personal relationships because others may be cautious about becoming emotionally involved with an HIV-positive person
--Inability to complete career goals due to illness and death or financial constraints
--Isolation from friends and family due to their fear of acquiring HIV
--Crisis, disruption, and disorganization in thinking and daily habits
--Loss of financial support (due to inability to work)
--Physical debility due to fatigue, chronic diarrhea, fever, loss of appetite, etc.,
--Loss of self-esteem
--Self-condemnation
--"Roller coaster" effect on emotions (extreme highs and lows)
--High cost of treatment
--Discrimination (in health insurance, life insurance, employment, housing, organ and blood donation, joining Armed Services, Peace Corps, Foreign Service)

Emphasis is on seriousness of the consequences of AIDS and that the choices/behaviors of the present will always have an impact on the future

Teaching/Learning Strategies

Have each student write in his/her journal or notebook the following:
(a) A personal item you value dearly
(b) A personal or physical characteristic of which you feel proud
(c) Your favorite physical activity
(d) A goal in your life
(e) A secret you have told only a few people or no one at all
(f) A friend or loved one whose support means a lot to you

Now, have each student imagine and write how he or she would feel if:
(a) You lost the personal item you value because you lost all your money
(b) You had an accident and lost the physical characteristic of which you are proud
(c) You couldn't do your favorite physical activity because of an accident
(d) You couldn't achieve your goal because of the loss of money, the loss of your physical attribute, or your inability to perform a favorite physical activity
(e) Everyone found out your special secret
(f) You lost your friend or loved one because of the changes named above (activity from AIDS and the IV Drug User published by the National Institute on Drug Abuse)

The above exercise will give students a sense of how it feels to lose everything when a person finds out he or she has HIV/AIDS.
(continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: 9.6 continued

Content	Teaching/Learning Strategies
	Encourage students for extra credit to find in the library or bookstore a book, newspaper article, or magazine article which contains first-hand accounts of what it's like to live with HIV/AIDS by people who have the disease. Allow students time to share with the class the information they found. Invite a person from a local HIV/AIDS organization to talk with the class about living with HIV infection or the disease AIDS. Follow the policy of your local school division regarding such speakers.

HIV/AIDS PREVENTION EDUCATION

Objective: 9.7 The student will survey the community for additional sources of information about HIV/AIDS and for the availability of support for people with HIV/AIDS.

This objective relates to: Health SOL 9.9; HIV/AIDS 10.6

Content

Counseling services
--Mental health
--Teenage pregnancy prevention
--Family planning

Self-help groups

Social service support

Testing programs

Substance abuse prevention/ treatment programs/support groups

Mental health services

Religious organizations

Hotlines
--Virginia Department of Health
1-800-533-4148 (VOICE/TTD Accessible)
1-800-322-7432 (Spanish-speaking)
--U.S. Public Health Service
1-800-342-AIDS

Medical/hospital treatment

March of Dimes

American Red Cross
(continued on next page)

Teaching/Learning Strategies

Assign small groups of students to research and report to the class about at least one community resource that provides support for people with HIV/AIDS and the kind of support the organization provides.

If possible, have each group interview a person in the agency and/or obtain any literature distributed by the organization as part of the group's research.

Have each group make a poster advertising the agency researched and displaying any relevant pamphlets, etc., from that agency. Display these in a prominent place The information on the poster should include the following:
--The group's name and address
--The telephone/hotline number
--The hours of operation
--A description of services available (information, treatment, counseling, referral, testing)
--Languages spoken
--Access for the disabled
--The cost for services
--The person to contact in the agency
--Other information

HIV/AIDS PREVENTION EDUCATION

Objective: 9.7 continued

Content	Teaching/Learning Strategies
AIDS service organizations --AIDS Council of Western Virginia (Roanoke) --AIDS Support Group, Inc. (Charlottesville) --Central Virginia AIDS Services and Education (Richmond) --Northern Virginia AIDS Project (Arlington)	
Health departments	
AIDS consortiums --Tidewater AIDS Crisis Taskforce (Norfolk and Peninsula)	

Grade 10

BEST COPY AVAILABLE

HIV/AIDS PREVENTION EDUCATION

Objective: 10.1 The student will know the basic information about sexually transmitted diseases including symptoms, transmission, and treatment.

This objective relates to: Health SOL 9.6, 9.7; FLE 8.14, 9.12 HIV/AIDS 9.3, 10.3, 11.2

Content

Definition of sexually transmitted disease (STD, formerly called venereal disease)--a disease passed from person to person through intimate sexual contact and/or injectable drug use

Types of STDs
- --HIV
- --Chlamydia (most prevalent bacterial pathogen in the U.S. today)
- --Genital herpes
- --Gonorrhea
- --Syphilis
- --Hepatitis B
- --Genital warts (HPV or human papilloma virus)
- --PID (pelvic inflammatory disease)

Transmission of STDs
- --Pathogens (disease-causing germs) that die quickly when exposed to heat, light, and air are passed in body fluids through intimate sexual contact between an infected person to another person.
- --STDs are not transmitted by casual contact (shaking hands, from door knobs, or in swimming pools).
- --HIV and hepatitis B can be transmitted by receiving blood from an infected person without any sexual contact.

General symptoms of STDs
- --No symptoms for many people, yet they can transmit the diseases
- --Discharges from the sex organs
- --Pelvic pain, soreness (females)

(continued on next page)

Teaching/Learning Strategies

Teach this objective prior to objective 10.3. That objective focuses on the behavior that will prevent/reduce the transmission of HIV/AIDS and other STDs.

To review facts about sexually transmitted diseases and HIV/AIDS, involve students in a game of STDs/AIDS Basketball. Have each student write down three questions concerning STDs or HIV/AIDS in varying degrees of difficulty from easy to hard. These will become 1-point, 2-point, and 3-point questions. It may be necessary for you to add questions in order to cover all the important facts. Divide the class into two teams. Ask a question of one team member at a time, taking turns within each team and alternating between teams. Give each student the choice of a 2-point or 3-point question (more difficult). Accept only one answer given in a reasonable time period (10 seconds). If the answer is correct, the player earns points for his or her team. If a player commits a "foul" by trying to help another player answer a question, the other team gets the opportunity to answer a "foul-shot" question worth one point. Determine the length of the game (time, number points scored, etc.) and keep score on chart paper or the chalkboard.

Using textbooks, charts, audiovisuals, fact sheets, etc., review the symptoms and transmission of sexually transmitted diseases. This information is summarized under "Content."

(continued on next page)

Objective: 10.1 Continued

Content

--Genital itching
--Burning upon urination
--Skin changes (sores, rashes, bumps) around the genitals

Symptoms that may be more specific of each STD
--HIV
--No symptoms during most of the period of infectivity (asymptomatic)
--Unexplained, persistent fatigue
--Persistent fever
--AIDS
--Loss of appetite
--Unexplained weight loss of ten pounds or more
--Persistent diarrhea
--Night sweats
--Swollen glands
--Persistent cough or shortness of breath
--Persistent infection
--White spots in the mouth

--Chlamydia
--Males
--Painful urination
--Watery discharge
--Some have no symptoms
--Females
--Itching, burning
--Discharge
--Dull pelvic pain
--Bleeding between periods
--Most have no symptoms
--Genital herpes
--Painful sores on genitals that heal on their own in a few weeks but often reactivate later (1/3 do not)
--Itching and/or tingling prior to the onset of the sores

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Teaching/Learning Strategies

If possible, obtain information sheets from a local STD clinic and involve students in an imaginary "walk through" of a clinic visit so that they will know what to expect if they ever have an STD and seek treatment. Encourage students to consult with their parents before visiting a clinic or doctor, but explain that the law permits minors to obtain confidential medical care for STDs without parental permission.

Display in the room the toll-free hotline numbers that students may call for the latest information, the name of the nearest location for medical care, or just to talk to someone about STDs or HIV/AIDS.
--VD National Hotline 1-800-227-8922
--AIDS National Hotline 1-800-342-AIDS

Create "Dear Abby" letters concerning an STD situation. Have students write a reply to the letter. Then have students discuss their individual responses in small groups and decide on the best collective response to share with the entire class.

Have small groups of two to three students produce TV public-service announcements about STDs. The group will research a particular disease, write a script, create some type of visual, and if possible, tape the message using a video camera. Have each group present its message to the class either directly or by videotape.

Alternately, you may wish to have the class produce a slide cassette educational program concerning STDs. Students will write the script, take pictures, and record the audio.

Objective: 10.1 Continued

Content	Teaching/Learning Strategies
--Swollen glands, fever, aches, pains, discharges, tiredness --May be asymptomatic (no symptoms) --Gonorrhea ("clap") --Males --3-8 days after contact, some have a burning discharge from the penis --Many are asymptomatic --Females --No symptoms since infection is of the cervix, not the vagina --Syphilis --1st stage: 10-90 days after contact a chancre appears (painless sore that goes away) --2nd stage: 2-6 months after contact, a tired feeling, fever, sore throat, loss of hair, non-itchy rash appears, then disappears --3rd stage: after 2 years, possible damage to central nervous system, insanity, even death --Hepatitis B --Flu-like symptoms --Fever, nausea, chills, loss of appetite --Dark-colored urine --Abdominal pain --Jaundice (skin and whites of eyes turn yellow) --May be asymptomatic --Genital warts (HPV or human papilloma virus) --Cauliflower-like bumps on penis or vaginal area or anus	

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Objective: 10.1 continued

Content	Teaching/Learning Strategies
--Subclinical (not visible) warts may exist and may be transmitted	
--PID (pelvic inflammatory disease) --Pelvic pain --Chills --Fever --Irregular menstrual periods --Lower back pain	
Treatment --HIV/AIDS --No cure --Drug AZT slows virus from weakening the immune system --Preventive treatments for opportunistic diseases --Drugs and other therapies for opportunistic diseases as they occur	
--Chlamydia --Can be cured --Antibiotics	
--Genital herpes --No cure --Virus becomes dormant, only to possibly activate again when triggered by stress (yet many people experience no recurrences) --Pain relieved by drug Acyclovir	
--Gonorrhea --Can be cured --Antibiotics	
--Syphilis --Can be cured --Penicillin (before 3rd stage) --Other antibiotics	

(continued on next page)

Objective: 10.1 continued

Content	Teaching/Learning Strategies
--Hepatitis B --Cannot be cured --Resolves spontaneously but damage may remain --Must avoid alcohol --Rest, proper nutrition, and avoidance of drugs	
--Genital warts (HPV) --Cannot be cured --Electrosurgery, freezing, or surgery to remove growths --Can reoccur with further exposure --Associated with cervical cancer in females later	
--PID (pelvic inflammatory disease) --Can be cured --Antibiotics --Can cause sterility due to development of scar tissue on Fallopian tubes	
Some serious complications of STDs --Death --Emotional effects (fear, shame, guilt) --Affects newborns if mother infected --Tubal (ectopic) pregnancy --Risk of sterility (inability to reproduce)	

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Objective: 10.1 continued

Content	Teaching/Learning Strategies
What to do if you think you have an STD --Stop having sex. --Call for an appointment with an STD clinic at the health department or a health professional. (Law permits minors to obtain confidential STDs medical care without parental permission.) --Follow doctor's instructions. --Notify recent sex partner(s) of a positive diagnosis and help him or her (them) get treatment; or tell the counselor at the clinic, who will contact the partner(s) and maintain confidentiality. --Schedule a follow-up visit to confirm the cure before resuming sexual activity. --To prevent future STDs, practice sexual abstinence or use latex condoms lubricated with spermicides.	
Reasons people infected with STDs do not seek prompt medical care or tell their sex partners --They are asymptomatic (have no symptoms) --Discrimination --Fear --Guilt --Ignorance --Misinformation --No money --Shame	
Ways to encourage people infected with an STD to seek help and tell sex partners --Advertising (media) --Awareness --Education --Emphasize moral responsibility	

HIV/AIDS PREVENTION EDUCATION

Objective: 10.2 The student will review the effects of HIV/AIDS on the immune system.

This objective relates to: New

Content

The body's natural defenses against disease
--Skin
--Mucous membrane
--Mucus
--Nasal hairs
--Cilia (eyelashes)
--Tears
--Stomach acids
--White blood cells
--Antibodies

How a healthy immune system works
--White blood cells called T-helper cells signal other white blood cells (called T-killer cells) to look for anything that could harm the body.
--T-helper cells control the release of antibodies into the bloodstream.
--Each kind of antibody fights one certain pathogen by attaching to it and disarming it.
--Other white blood cells (phagocytes) destroy pathogens.
--T-killer cells travel through the body and check it regularly
--If T-killer cells find a cancer cell or a cell infected with a virus, they destroy the cell.
--T-killer cells also destroy certain microorganisms (protozoans and fungi) and thus keep their numbers in the body small.

How AIDS weakens the immune system
--The AIDS virus enters the blood.
--The AIDS virus attaches to and then enters the T-helper cell.
--The AIDS virus becomes part of the T-helper cell's genetic code.
(continued on next page)

Teaching/Learning Strategies

Review the body's natural defenses against disease. These were discussed in previous objectives 6.2 and 8.2. Ask students to brainstorm body parts/substances that help protect the body from the entrance of disease-causing agents.

Illustrate the body's defense system against disease by drawing a fort (the body) that has defenders on top (skin, hair, etc.) and inside (white blood cells, the immune system) trying to ward off invaders (bacteria, viruses). Show on the fort an area where a hole has opened and the invaders (i.e., the HIV) are getting through. This analogy will help students understand pathogens (disease-causing agents), outside defensive mechanisms, such as skin, the entrance of pathogens into the body, and the body's defenses in the blood.

Continue the diagram by illustrating the invaders (HIV) attaching to and entering T-helper cells (the defenders), destroying them, etc.

Objective: 10.2 continued

Content	Teaching/Learning Strategies
--The AIDS virus directs the T-helper cell to make hundreds of new AIDS viruses, and the T-killer cell is destroyed. --New viruses attack other T-helper cells. --T-helper cells cannot signal for the release of antibodies or the release of T-killer cells to check the body for pathogens. --The immune system breaks down because the more T-helper cells that are destroyed, the fewer T-killer cells are sent out. --Cancer cells are no longer killed, and they reproduce. Therefore, rare cancers like Kaposi's sarcoma can develop. Microorganisms that the body usually lives with in harmony increase in number and can become harmful. For example, PCP is caused by pneumonia carinii protozoa, which are normally held in control but which reproduce quickly when the immune system breaks down. The weakened immune system of a person infected with HIV becomes susceptible to these and other opportunistic diseases. Death usually results from the body's inability to combat these diseases.	

HIV/AIDS PREVENTION EDUCATION

Objective: 10.3 The student will explain behavior that will prevent/reduce the transmission of HIV/AIDS and other sexually transmitted diseases.

This objective relates to: FLE 8.14, 9.12; Health SOL 9.7; HIV/AIDS 10.1

Content

Behaviors to prevent/reduce HIV/AIDS and other STDs

--Abstinence from sexual intercourse (oral, anal, vaginal)
--Avoidance of injectable drug use
--Avoidance of needle-sharing (drug, steroid, tattoo, and ear-piercing needles)

--Avoidance of blood-to-blood contact
  --No "blood brother" rituals
  --Wearing protective gloves and masks when working with blood or when giving first aid
  --Insisting that your own dentist wear gloves before your examination
--Mutual monogamy with an uninfected partner
--Prevention of pregnancy (to prevent transmission of HIV from infected mothers to their unborn babies)
--Prevention of "date rape"
--Counseling and support for gender- and role-identity issues
--Using latex condoms lubricated with a spermicide (possibly nonoxynol-9) during sexual intercourse

Ways to change high-risk behaviors to behaviors that are less risky
--Using the decision-making model
--Resisting peer pressure
--Role-playing

Teaching/Learning Strategies

After studying objective 10.1, review high-risk behaviors for contracting HIV/AIDS and other sexually transmitted diseases.

Emphasize that there is no such thing as "safe sex." The only sure way to prevent the transmission of HIV/AIDS by sexual contact is to practice abstinence. Condoms may be a "safer" way to have sex, but they do not make sex "safe."

Emphasize that all decisions about whether to have sex, use drugs, etc., involve personal choice and that every person has the right to make his/her choices. However, with this right comes responsibility. A person is responsible for his/her own behavior and the consequences that behavior may have for himself/herself and others. Therefore, when making any decision, it is best to follow a decision-making process, not just leave decisions to chance. Such a process involves asking oneself certain questions about a problem/situation:
--What is the problem/situation?
--What are the available choices?
--What are the possible consequences of each choice, both positive and negative?
--What are the available resources? (Who can help?)
--What is my decision?

Emphasize that when an individual makes a decision not to have sex, not to use drugs, alcohol, etc., it is important to be able to convey a clear message of "no." Sending a clear message involves
(continued on next page)

Objective: 10.3 continued

Content	Teaching/Learning Strategies
	--Recognizing one's own feelings, thoughts and desired outcomes (what you want to happen) in a situation --Choosing words which accurately convey the intended message --Using appropriate tone, posture, gestures, eye contact (body language) --Following through with appropriate actions Sometimes there can be a difference between what one wants to say and what one actually says. Then a situation of mixed messages occurs. This is sometimes the case when "date rape" occurs. Divide students into groups to practice skills for saying "no." Hopefully this activity will give students skills for refusing to participate in behaviors that put them at risk for HIV/AIDS and STDs. Provide situations for students to role-play. Ask them to identify the issues in each situation. --"We've been going together for a year. My boyfriend/girlfriend wants me to have sex (intercourse) with him/her. I love him/her, and I don't want to lose him/her, but I'm not sure this is what I want to do." --"A lot of my friends are using drugs. I don't want to lose my friends, but I'm scared of drugs." --"My boyfriend/girlfriend always wants to end our date with a heavy 'petting' session. I don't want to become any more physically involved than we have been, but I sense he/she does. We spend a lot of time alone together." (continued on next page)

Objective: 10.3 continued

Content

Teaching/Learning Strategies

Have students present skits illustrating the issues involved to the class without presenting a solution to the situation. Stop after each skit and ask the audience to name (and you list on the board) possible ways to say "no"--which action and words will send a clear message, yet keep friends. For example:

--Honestly convey thoughts, feelings, desired outcomes (e.g., "I still like you and want to go out with you, but I do not feel comfortable having sex"). This opens the door for further communication.

--Make an excuse (e.g., "I can't go out tonight"); however, excuses will only work in the short run, not in long-term relationships.

--Avoid situations in which the behavior can occur (e.g., "partying" with friends when parents are not at home).

After the students have offered their collective suggestions, have the groups select the ones they wish to use to finish their skits. Have them finish acting out the solution to their skit.

Ask students to brainstorm things teenagers can do to change high-risk behaviors to behaviors that are less risky. For example:

--Do fun things in groups.
--Hang around with teens your own age.
--Find friends who accept you as you are and don't push.
--Stay sober.
--Keep your clothes on.
--Learn to say "no" when you need to.
--Do something with your parents at least once a week.

(continued on next page)

Objective: 10.3 continued

Content	Teaching/Learning Strategies
	--Save single dating until the junior or senior year. --Work and earn money. --Get involved in hobbies. --Use your talents and get positive strokes that way. Have students, working in small groups (two to three students each), produce an "AIDS Smart" public-service spot that will focus on the behavior of teens that will prevent/reduce the transmission of AIDS. This activity can be done in conjunction with SOL 10.1 If possible, have students tape their "spots" and show them all to the class.

HIV/AIDS PREVENTION EDUCATION

Objective: 10.4 The student will explain the nature of HIV/AIDS in the United States and the world.

This objective relates to: New

Content

The impact of HIV/AIDS
--In the U.S.
--In Africa
--In Southeast Asia
--In Latin America
--In Europe
--In the Caribbean
--In the Middle East
--In other parts of the world

Teaching/Learning Strategies

Assign groups of students to research and report orally to the class on the effect of HIV/AIDS on underdeveloped countries, such as African nations, Southeast Asian countries, and Latin American countries. Also, ask students to discuss how the disease in the country they researched differs from the effect of the disease in the U.S., noting the

--current number of cases
--target populations
--medical treatment
--numbers affected
--economic impact
--coping strategies of the country

In their research, encourage students to use the most current information from magazines, newspapers, and World Health Organization reports.

Put a map of the world on the bulletin board. Have students bring in news clippings or magazine articles about HIV/AIDS cases in other countries. Ask them to share the information with the class, mount the articles on construction paper, attach the article to the bulletin board, and use a piece of yarn to connect each article to a pin that identifies the country on the map.

As a class, draft a letter to the Centers for Disease Control in Atlanta, Georgia, (or the local health department) requesting a monthly update on HIV/AIDS data. Have students graph AIDS cases and deaths and continue their graph with each update. (This activity can be integrated with a math class.)

HIV/AIDS PREVENTION EDUCATION

Objective: 10.5 The student will examine emotional family issues of HIV infection and AIDS.

This objective relates to: New

Content

Physical concerns/needs of a person infected with HIV/AIDS
--Weakness
--Pain
--Inability to eat/drink
--Inability to work
--Lack of money

Emotional concerns/needs of a person infected with HIV/AIDS
--Fear of the disease
--Fear of others' reactions (discrimination, isolation)
--Fear of death and dying
--Need for companionship

Family responsibilities
--Care for the person's physical needs
--Respect the privacy of a person with HIV/AIDS
--Spend time with the person living with HIV/AIDS (reading, watching TV, talking, playing games, listening to music)
--Discuss HIV/AIDS with the doctor, nurse, infected person, and family
--Recognize and accept the stages of dying
--Denial
--Anger
--Grief
--Acceptance
--Support financially (as able)
--Utilize and participate in community resources for help

Teaching/Learning Strategies

Have students in journals or notebooks write a response to the following situation:
--What would you do if you found out your brother/sister/family member has HIV/AIDS and is coming home from the hospital next week?

After students have reacted to this situation, ask them to brainstorm and list in a 3-column chart the following:
--the individual's physical concerns/needs
--the individual's emotional concerns/needs
--the family's concerns/needs

Ask for volunteers to read from their journals and create a list of collective ideas about how the family can meet the varying needs of a person with AIDS.

Have each student find in a newspaper or magazine an article about HIV or AIDS that talks, at least in part, about people with HIV/AIDS. (Research articles are not appropriate.) Have students write in journals/notebooks about the following:
--Who are the people mentioned in the article?
--How are the people responding to the HIV/AIDS problem?
--How do you feel about what these people are doing? Do you agree or disagree? Why?

When students have finished their articles, ask them to share their findings with the class.
(continued on next page)

Objective: 10.5 continued

Content

Teaching/Learning Strategies

If your school system will allow, you may ask a person infected with HIV/AIDS to speak to the class and share first-hand information on the effects of HIV/AIDS on family living as well as other areas of life. HIV/AIDS spokespersons are available through community organizations involved in HIV/AIDS treatment and counseling. Another resource might be a hemophiliac infected with AIDS or a person from his or her family. Suggest to students that many of the concerns of families dealing with HIV/AIDS are similar to concerns that families face with any long-term illness or disability. Be aware that you may have students who can offer insights because they have been through this process. Be aware, also, that they may be very sensitive and may choose not to participate.

HIV/AIDS PREVENTION EDUCATION

Objective: 10.6 The student will name and know how to use local, state, and national resources for HIV/AIDS information, help, and counseling.

This objective relates to: FLE 10.16; Health SOL 9.9

Content

National resources
--American Red Cross
--March of Dimes
--Centers for Disease Control
--National AIDS hotlines
(1-800-342-AIDS)
1-800-322-SIDA
1-800-AIDS-TTY
1-800-234-TEEN

State resources
--State health department
--Virginia AIDS hotline
1-800-533-4148 (VOICE/TTD accessible)
1-800-322-7432 (Spanish-speaking)

Local resources
--Counseling services
--AIDS self-help groups
--Social Services support
--AIDS testing programs
--Substance abuse treatment programs
--Mental health services
--Religious organizations
--Hospital/medical treatment
--County/city health agencies
--Local chapter of the American Red Cross
--Hospices
--Planned Parenthood
--AIDS service organizations
--AIDS Council of Western Virginia
(Roanoke) 703-982-AIDS
--Charlottesville AIDS Support Group, Inc.
800-752-6862
--Central Virginia AIDS Services
Education
(Richmond) 804-359-4783

(continued on next page)

Teaching/Learning Strategies

Make each student responsible for finding out the following about one resource for HIV/AIDS information, help, and counseling:
--Name of the resource
--Address
--Location
--Phone number
--Hours of operation
--Kind of service
--Cost
--Person to contact in the agency

Have each student present his or her findings to the class, compile the information on a fact sheet, place the fact sheet in an AIDS Resource File, or display it on a bulletin board.

Invite a guest speaker from one of the resources to speak to the class about the services of his or her agency.

Objective: 10.6 continued

Content	Teaching/Learning Strategies
--Whitman-Walker Clinic, Inc. (Washington, D.C.) 202-332-AIDS 202-797-3560 --Tidewater AIDS Crisis Taskforce (Norfolk) 804-423-5859 (Peninsula) 804-877-1300	

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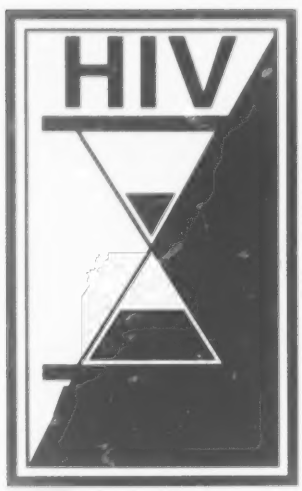
Grades 11-12

Grades 11-12



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HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.1 The student will compare past epidemics with the present-day HIV/AIDS epidemic.

This objective relates to: New

Content

Definition of epidemic--an illness or disease that occurs with much greater frequency in a given population than is expected (more people get sick than expected)

Past epidemics
--The Great Plague of 1348-49 ("The Black Death" or Bubonic Plague)
--The Bubonic Plague in San Francisco - 1900
--The influenza epidemic in U.S. during World War I
--Polio epidemics in the U.S. in the 1950's
--Sexually transmitted diseases among American teenagers today

Parallels between past epidemics and HIV/AIDS
--Blaming others/discrimination (e.g., Jews, Chinese, gays)
--Fear because of uncertainty or poor information
--Abandonment of the sick (in housing, medical treatment, employment, by families) because of fears of contagion
--The future of the epidemic/finding a cure

Teaching/Learning Strategies

This objective can be integrated within a history, social studies, or science class.

Explain to students that historically epidemics of infectious diseases were the main cause of death. Today, however, noninfectious diseases, such as heart disease and cancer, are the main causes of death.

Emphasize that HIV/AIDS is developing as a world-wide epidemic. Discuss what an epidemic is. Explain that if cases of HIV/AIDS increase as they have since its discovery in 1981, infectious disease epidemics could re-emerge as the leading cause of death.

Have students brainstorm a list of words/phrases that come to mind when they hear the word epidemic. Responses may include the words/phrases "fatal" or "everyone gets sick." Point out that not all epidemic diseases are fatal, such as sexually transmitted diseases that are currently epidemic in the U.S. Also, not everyone gets sick in an epidemic because some people naturally resist disease, and some are not exposed to the disease. In an epidemic, many more people than expected get sick. However, even in the worst epidemics in the Middle Ages, many more people lived than died.

Tell students that the HIV/AIDS epidemic is not the first to gain worldwide attention. Ask students to name past epidemics. Facilitate the list if necessary. Then divide students into groups of 3-5 students to research these

(continued on next page)

Objective: 11/12.1 continued

Content	Teaching/Learning Strategies
	epidemics and report their findings to the class. Information presented should include --a description of the disease --consequences the epidemic caused in its particular location --people's responses to the disease --methods used to avoid catching the disease At the conclusion of each presentation, guide students in drawing parallels between the epidemic they researched and HIV/AIDS. (See the suggestions under "Content.") Have students in their journals/notebooks respond in writing to the following questions: --Has the HIV/AIDS epidemic affected you in any way? If so, how? If not, why do you suppose it has not affected you? Do you imagine a time when it will affect you? --What do you think we can learn from history that might help us, as individuals or as a nation, cope with the HIV/AIDS epidemic? --What do you think should be done for people with HIV/AIDS in our community? --What do teenagers need to know about HIV/AIDS? How could they get the best information? (This could lead to a session in which you or a health professional can provide information or can correct misinformation).

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.2 The student will know strategies for preventing or reducing the risk of infection with HIV/AIDS and other sexually transmitted diseases.

This objective relates to: New

Content

Review of facts about specific sexually transmitted diseases

Comparison/contrast of HIV/AIDS and other sexually transmitted diseases

Prevention strategies for STDs (including HIV/AIDS)
--Abstaining from sexual intercourse (oral, anal, vaginal)
--Having a mutually monogamous relationship with an uninfected person
--Avoiding needle-sharing (injectable drug, steroid, hypodermic, tattoo, ear-piercing)
--Avoiding sharing razors or toothbrushes because they may contain minute amounts of blood

Risk-reduction strategies for STDs (including HIV/AIDS)
--Using a latex condom for vaginal anal intercourse
--Limiting the number of sexual partners (combined with the use of a condom) decreases chances of contracting HIV/AIDS but doesn't eliminate risk
--Communicating with a sexual partner (increases the likelihood of knowing whether a partner has an STD)
--Having regular medical check-ups

Using the decision-making model
--Identify the problem.
--Get the facts.
--Look at the choices (alternatives).
(continued on next page)

Teaching/Learning Strategies

Ask the class to brainstorm the names of any sexually transmitted diseases students know. Facilitate the list-making to ensure that all major diseases are named (including HIV/AIDS). Divide students into small groups and assign the group the task of collecting as much information as possible about a specific STD. Hold a panel discussion with each group (the "experts") seated behind or under a poster representing its assigned disease. The "experts" will present the facts their group discovered pertaining to the symptoms of the disease, the time of onset, the consequences without treatment, the cure (if any), and how to prevent the disease. At the conclusion of each presentation, allow time for questions from the entire class.

After the panel discussion about STDs, focus on the concept that HIV/AIDS is an STD. Ask students to brainstorm the ways HIV/AIDS is similar to other STDs. For example:
--Anyone can get HIV infection.
--There is social stigma attached to having HIV/AIDS as well as having an STD.
--The HIV/AIDS infection as well as STDs can be transmitted by someone who looks healthy but who is really a carrier of the disease.
--HIV/AIDS and STDs can be prevented.
--HIV/AIDS, like other STDs, is often transmitted through sexual intercourse.
--HIV/AIDS, like other STDs, can affect an unborn child.
(continued on next page)

Objective: 11/12.2 continued

Content

--Predict the outcomes (consequences) of each choice. Is it healthful to me and others? legal? safe? Does it show respect for me and others? follow my parents' guidelines?
--Make a choice and act on it.
--Evaluate your choice.

Definition of abstinence--avoiding any behavior in which the sexual organs touch or enter the body openings of another person

Advantages of abstinence
--Freedom from pregnancy and sexually transmitted diseases
--Freedom from the bother and dangers of the pill, IUD, and other contraceptives
--Freedom from pressure to marry before one is ready
--Freedom from abortion
--Freedom from having to give a baby up for adoption
--Freedom from exploitation by others
--Freedom from guilt, doubt, disappointment, worry, rejection
--Freedom to be in control of one's own life
--Freedom to focus energy on establishing and realizing life goals
--Freedom to develop a respect for oneself and others (including one's parents)
--Freedom to have greater trust in marriage
--Freedom to enjoy being a teenager
--Freedom from trouble with the law (abstinence is legal; having sex with a minor is illegal)
--Freedom to enjoy a good reputation
(continued on next page)

Teaching/Learning Strategies

Also brainstorm ways HIV/AIDS is different from other STDs. For example:
--There is no cure for HIV/AIDS; however, most STDs can be cured.
--HIV/AIDS can be fatal unlike most STDs. Few people with HIV/AIDS live longer than two years. Other STDs are not life-threatening diseases.
--People are more afraid of HIV/AIDS than of STDs.
--The press gives more attention to HIV/AIDS than to STDs.
--Many people do not consider themselves at risk for HIV/AIDS even if they agree they are at risk for STDs.

Based upon their knowledge of HIV/AIDS and STDs, have students list prevention strategies as well as risk-reduction strategies. Point out the differences in the two categories. Prevention strategies are "100% safe"; risk-reduction strategies are not "safe" but are "safer."

Explain that preventing HIV is dependent on avoiding high-risk behaviors. This means having knowledge, having the skills to use this knowledge, and having the motivation to apply these skills. Decision-making is one of the skills. Review the decision-making model. Remind students that in the case of HIV/AIDS, experience is not the best way to learn.

Emphasize once again that there is no such thing as "safe sex." Abstinence is the only way to be 100% safe. Make sure students understand fully what abstinence means. Some teenagers believe abstinence refers only to vaginal intercourse, and they are
(continued on next page)

Objective: 11/12.2 continued

Content

Refusal Skills ("How to Say No to Becoming Sexually Involved")
--State reasons for your refusal. Have students brainstorm these (e.g., "I don't want to have guilty feelings, get pregnant, get HIV/AIDS or STDs," etc.).
--Use behavior to reinforce what you mean. (e.g., Avoid pressuring situations such as being alone, heavy petting, etc.).
--Discuss your limits and talk about appropriate ways to show affection.
--Take a definite action but provide alternatives. (Say "no" and act in ways to stay with your decision. Show love in alternate ways [e.g., "101 Ways to Show Love Without Doin' It"]).
--Break off a relationship with someone who pressures you to become sexually active. (If he/she does not respect your limits, he/she cares more about himself/herself than about you.)

Talking with a partner
--Pick a time to talk without interruption and a place where you both feel relaxed.
--Be sure to talk before you are sexually involved.
--Begin indirectly (e.g., "What do you think of all the talk about HIV/AIDS?") or directly ("We've got to talk about HIV/AIDS sometime.").
--Be honest--admitting your concerns may encourage your partner to admit his/hers
--Ask questions and listen to answers without accusing.
--Don't give in--insist on precautions if you do decide to have sex.
--Consider ways of giving and receiving love other than sexual intercourse.

Teaching/Learning Strategies

continuing to engage in high-risk behaviors such as oral and anal intercourse. It is important for students to understand that abstinence is avoiding any behavior in which one's sexual organs touch or enter the body openings of another person.

Engage students in making a case for abstinence by having them complete the following statement in their journals: "If I choose not to become sexually active, I will be free from...or free to... Ask students to write as many ideas as come to mind. Then ask for volunteers to share answers. Compile them on the chalkboard or on a bulletin board titled "The Case For Abstinence."

Many teenagers may want to choose abstinence but may lack the skills to say "no" to sexual involvement. Go over the refusal skills listed under "Content." Then have groups of students role-play situations that put students at risk for HIV/AIDS. Students will use the decision-making model and refusal skills to decide what to do. Sample situations:
--Pressure to become sexually active
--Pressure to use and share injectable drugs (including steroids)
--Pressure to drink at a party
If possible, videotape these skits to show the whole class and have students evaluate the refusal skills illustrated.

As a follow-up to class discussion, have students write answers to the following questions in their journals:
--How can a person prevent transmission of HIV/AIDS and other STDs?
--What might keep a person from protecting himself/herself from HIV/AIDS and other STDs?

(continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.2 continued

Content	Teaching/Learning Strategies
	--What might you tell your own child about HIV/AIDS and other STDs? Emphasize that avoiding HIV infection depends on communication with your partner and making decisions that protect both of you. Talking about sex and HIV/AIDS often makes people feel embarrassed, even angry. However, your life and health may depend on facing the dangers of HIV infection. Discuss ways to talk with a partner. Divide students into small role-playing groups. Ask them to create ways a person involved in a dating relationship can discuss the following concerns with a partner: --Concerns about avoiding exposure to the HIV virus --Whether or not the partner has possibly been exposed to HIV by high-risk sexual and drug-using behavior --If one partner has engaged in high-risk behaviors, whether or not the partner has a positive HIV/AIDS antibody test --Avoiding sexual intercourse with the partner --If either partner has been sexually active, asking the male partner to wear a condom during intercourse (not a "100% safe" behavior but makes sex "safer") Have students role-play these situations, and if possible, videotape role-plays and have the class critique them. (continued on next page)

Objective: 11/12.2 continued

Content	Teaching/Learning Strategies
	Have students create a bulletin board of "safe" ways to show love and affection without having sex. This could be called "101 Ways to Make Love Without Doin' It" (e.g., hugging, trading class rings, just being there, holding hands, kissing, going to a concert, holding one another close, etc.)
	Encourage students to stay current as new information becomes available about HIV/AIDS. They can read the newspapers and magazines and/or watch/listen to the national news. Have a bulletin board where students can display interesting and thought-provoking articles to share with the class.

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.3 The student will understand the physical, financial, legal, social, and emotional consequences of being infected with HIV/AIDS.

This objective relates to: New

Content

Physical effects
--Effect on the immune system
--Other diseases resulting from HIV
  --PCP (pneumocystis carinii pneumonia)
  --KS (Kaposi's sarcoma)
--Effect on embryonic development
--Weakness
--Pain
--Inability to eat/work
--Appearance
--Loss of independence

Financial effects
--$40,000+ per year cost for treatment (medicines and nursing care)
--$8.5 billion direct costs and $55.6 billion indirect costs (legal costs, insurance, loss of income nationally per year, loss of talented individuals)
--Inability to work, loss of income
--Lack of adequate savings or insurance

Legal effects
--HIV/AIDS cases must be reported to the state Department of Health.
--A law has been enacted to help prevent the spread of HIV/AIDS across national borders.
--The identity of anyone found positive for HIV may not be disclosed to anyone except as determined necessary by a public health officer where risks to others exist or as agreed upon by the person who tested positive for HIV.
--No person may be discriminated against for employment based on a positive HIV test.

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Teaching/Learning Strategies

Prior to studying this objective in class, ask students to write in their journals a list of changes they think would occur or would have to be made in their lives if they were to become infected with HIV.

Select news articles to trigger discussion about the relationship between HIV infection and certain physical, financial, legal, social, and emotional issues (e.g., articles on Ryan White, Kokomo, Indiana, a Florida dentist's patients infected with HIV/AIDS). Explain that it is just a matter of time before HIV/AIDS impacts everyone legally, socially, economically, and medically. Ask students to continue to look for pertinent magazine and newspaper articles relating to HIV/AIDS cases/incidents.

Ask students to share the lists they made in their journals with the class. You record the changes HIV/AIDS has brought to lives under the appropriate headings on the chalkboard or chart paper--physical, financial, legal, social, and emotional.

If your school division permits, invite a person living with HIV/AIDS to speak to the class.

Invite a lawyer or health department official to speak to the class on "The Rights and Responsibilities of a Person Infected with HIV/AIDS."

Objective: 11/12.3 continued

Content	Teaching/Learning Strategies
--A person who knowingly puts another at risk for HIV/AIDS is guilty of a felony.	
Social/emotional effects --Persons with HIV/AIDS are often harassed by others. --Children with HIV/AIDS have not been allowed to attend school in some communities. --Families of persons with HIV/AIDS are sometimes discriminated against by community members. --Funeral homes have refused to take care of the bodies of those infected with HIV/AIDS. --Persons living with HIV/AIDS may be abandoned by family and friends, but they need acceptance. --Persons living with HIV/AIDS often lose jobs. --Persons living with HIV/AIDS experience anxiety and depression. --Persons living with HIV/AIDS feel angry, guilty, sad, helpless, isolated, and afraid of death and dying. --Persons living with HIV/AIDS may endanger sexual partners.	

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.4 The student will know strategies for coping with HIV/AIDS and ways to show caring for a person with HIV/AIDS.

This objective relates to: New

Content

Strategies for coping with HIV/AIDS
--Learn more about HIV/AIDS and stay informed.
--Educate others about HIV/AIDS.
--Recognize stages people go through as they try to accept death/loss.
  --Denial and isolation (not admitting the prognosis is true; rejecting the accuracy of the diagnosis; avoiding reality)
  --Anger (upset, "Why me?" attitude; feeling victimized and venting anger on friends, family, etc.)
  --Bargaining (trying to postpone the inevitable by promising to change; asking to stay alive long enough for a special event)
  --Depression (feeling great loss; loneliness, isolation; drained by stress and suffering)
  --Acceptance (peaceful; resigned to fate; beginning to face reality constructively)

Ways to show caring for a person with HIV/AIDS
--Participate in support groups and/or outreach groups
--Spend time with persons living with HIV/AIDS or a family member of a person who is infected with HIV (reading, watching TV, talking, going for walks, listening to music, playing games, just being there)
--Respect the need for privacy of a person living with HIV/AIDS

(continued on next page)

Teaching/Learning Strategies

Ask students to brainstorm a list of all the responses they have heard or read about concerning persons who have HIV/AIDS. Remind students that these could be positive responses or negative responses (e.g., being afraid, telling jokes, blaming, discriminating against gay men, saying HIV is the result of "sinful" behavior, etc.).

Discuss reasons people fear HIV/AIDS
--Some people are truly at risk because of their risky behaviors.
--Some people misunderstand how they can get the disease (restaurants, school, etc.).
--Some people fear that if they get HIV, they will experience discrimination.
--People associate HIV/AIDS with death and disability.

Divide the class into two groups to debate/role-play the following: In New York City in 1985, parents of 18,000 students refused to allow their children to attend public schools because they had heard a child with HIV/AIDS would be attending one of the schools. One group should represent the parents who kept their children out of schools; one group should represent the parents of children with HIV/AIDS. After working in their respective groups to brainstorm ideas on the issues, students will role-play or debate the situation.

After the role-play/debate, have students discuss why people have reacted to HIV/AIDS in such different ways. For example:
--Fears (of gays, disease, death)

(continued on next page)

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.4 continued

Content

--Explore community resources for persons/families living with HIV/AIDS
  --Regional AIDS service network
  --Support groups
  --Home health care
  --Hospices
--Support HIV/AIDS prevention measures by practicing abstinence or "safer sex" measures yourself.

Teaching/Learning Strategies

--Level of knowledge/education (how much is known about the disease)
--Moral beliefs (it's good to help others; sex is bad)
--Different personality types (optimists, pessimists, helpers, complainers, problem-solvers)
--Past experiences (knowing someone with HIV/AIDS makes one more sympathetic)

Discuss the problems that may result from negative responses to HIV/AIDS.
--People will not support research (finding cures, treatments, vaccines is important).
--People will not support education or prevention measures.
--People will mistreat/discriminate against people with HIV/AIDS or those thought to be "at risk."
--People will develop an attitude that HIV/AIDS is "God's punishment" for immoral behaviors.
--People will not pay attention to warnings/ prevention strategies because they are not homosexuals or drug users.

Invite an HIV/AIDS trainer or health professional to speak to the class about some of the ways he/she teaches people to handle persons living with HIV/AIDS, the type of care HIV/AIDS patients receive, or the stages of grief.

Have students locate articles about Ryan White. Read and role-play situations reported in the articles.

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.5 The student will examine the relationship between civil liberties and public welfare relative to HIV/AIDS.

This objective relates to: New

Content

HIV/AIDS debate: individual rights vs. society's rights

The concept of dual responsibility

Virginia Laws protecting people with HIV/AIDS as well as the general public from exposure to HIV/AIDS such as:

--Human resources agencies shall not discriminate against individuals infected with HIV.

--The Board of Education shall develop model guidelines for school attendance of children infected with HIV.

--The State Council of Higher Education shall develop an AIDS education program for college students.

--The Board of Health shall establish an AIDS service and education grants program. The purpose is to provide grants for direct patient services including, but not limited to, mental health services, and home and community based services, education of high-risk populations, street outreach, and improvement of knowledge about HIV infection.

--Regional AIDS Resource and Consultation Centers shall be established. These centers will address the need for increasing services for persons with HIV infection through the education of health-care professionals on a broad range of AIDS-related issues, clinical training for health care practitioners and students, medical consultation to community physicians and other health-care providers,

(continued on next page)

Teaching/Learning Strategies

Discuss the debate that the HIV/AIDS crisis has caused--the question of balancing the individual's right to privacy with society's rights for public health. Cite recent news articles (e.g., practicing doctors with HIV/AIDS) to emphasize this debate.

Explain the concept of dual responsibility--a person must protect himself/herself from becoming infected by the HIV virus as well as prevent transmission of the HIV virus to others. Explain some of the laws in Virginia (listed under "Content") that protect both the HIV-infected and the general public, or invite a lawyer/commonwealth's attorney to visit the class and discuss these laws and their implications.

Organize the class into two groups to research and debate the following topic:
Resolved: Mandatory HIV/AIDS testing is necessary to protect our society.
Students on the affirmative team will research and present arguments in favor of mandatory testing. Those on the negative team will research and present reasons against mandatory screening. Students should realize that it is acceptable to hold either point of view.

After the debate, allow the class to vote by secret ballot on whether or not mandatory HIV/AIDS testing is necessary to protect our society.

(continued on next page)

Objective: 11/12.5 continued

Content

provision of current technical materials for the management of HIV infection, and facilitation of access to health services, mental health and substance abuse services, and support services.

--Physicians shall report the identity of patients who test positive for HIV infection. Only individuals who have positive blood tests demonstrated by at least two enzyme-linked immunosorbent assays (done in duplicate at the same time or singly at different times), and another testing procedure of high specificity such as the Western Blot are considered to have HIV infection.

--The confidentiality of test results shall be preserved.

--Informed consent shall be obtained before testing.

--Tested persons shall be afforded the opportunity for face-to-face disclosure of test results and appropriate counseling.

--The health department shall be permitted to do contact tracing in the investigation of any reportable disease.

--A patient shall be tested for HIV infection whenever a health-care worker is directly exposed to that patient's body fluids in a manner known to transmit HIV.

--A health-care worker shall be tested for HIV infection whenever any patient is directly exposed to that health-care worker's body fluids in a manner known to transmit HIV.

--Anonymous testing for HIV infection shall be available in all health service areas of the state.

(continued on next page)

Teaching/Learning Strategies

After the debate, have students write in their journals responses to the following:
--In the debate, I was surprised that...
--In the debate, I learned that...
--I would like to know more about...

Review with students local school policy regarding compulsory attendance laws and infectious diseases.

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.5 continued

Content

--The willful donation or sale of blood, body fluids, organs, and tissues by persons infected with HIV shall be declared a class 6 felony.

--Minors will be considered adults for the purposes of consenting to medical or health services needed to determine the presence of or to treat sexually transmitted diseases.

--Persons arrested for crimes involving sexual assault or crimes against children may be required to submit to testing for HIV; and results may be disclosed to any victim but not be admissible as evidence in court.

--Persons convicted of prostitution shall be required to submit to testing for HIV; results shall only be disclosed to the individual tested and shall not be admissible in court.

--Upon transferring dead human bodies to funeral directors/agents, any hospital, nursing home, home for adults, or correctional facility shall, at the time of transfer, inform the funeral director/agent if the individual was known to have prior to death, an infectious disease that may be transmitted through exposure to bodily fluids; information is confidential and not grounds for the director/agent to refuse to accept the body.

--The State Health Commissioner can require quarantine, vaccination, or treatment of any person when necessary to control the spread of any disease of public health importance if the person is infected with an infectious disease, is engaging in at-risk behavior, and has demonstrated an intentional disregard for the health of others.

Teaching/Learning Strategies

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.6 The student will understand the effects of personal and social pressures on risky behaviors for HIV/AIDS.

This objective relates to: New

Content

Review of risky behaviors for HIV/AIDS
--Having sexual intercourse (oral, anal, vaginal)
--Injecting drugs
--Sharing needles (drug, steroid, tattoo, and ear-piercing)
--Having multiple sexual partners
--Exchanging blood ("blood brother" rituals, giving first aid without gloves)
--Using drugs and/or alcohol

Personal pressures on risky behaviors
--Poor self-concept
--Stress
--Sexual attraction
--Need for affection
--Loneliness
--Family situations
--Mistaken beliefs

Societal pressures on risky behaviors
--Media messages
--Peer pressure
--Pressure from a partner ("date rape")
--Drinking and drugs

Teaching/Learning Strategies

Discuss the concept of HIV/AIDS as a behaviorally transmitted disease because it is through certain risky behaviors that one contracts HIV/AIDS. Ask students to brainstorm these risky behaviors.

Illustrate the impact of sexual intercourse in transmitting the HIV virus. Draw a pyramid on the board with the word <u>you</u> at the top. Then show how having sexual intercourse multiplies the risk of contracting HIV/AIDS by drawing stick figures in the pyramid. If you had sex with three people and those three had sex with three people, etc., your chances of exposure to HIV continue to multiply.

Through discussion and the use of statistics, help students disarm the myth that "everybody is doing it." Statistics show that 50% of teenagers are <u>not</u> engaging in sexual intercourse.

Engage students in brainstorming the pressures on young people to participate in risky behaviors. Point out that these pressures are both personal ones and societal ones. For example, teenagers with poor self-concepts are more likely to do risky things as a way of being accepted by the group or of feeling "big" than those with high self-esteem. Those who lack self-esteem often mistakenly believe that to "love" someone, a person must have sexual intercourse.

Help students generate a list of possible alternatives for handling stress.
(continued on next page)

Objective: 11/12.6 continued

Content	Teaching/Learning Strategies
	Ask students to bring to class the lyrics of a popular song. Divide students into small groups to analyze the song's messages about love, sex, and relationships. After the small-group sessions, bring the class together to list the messages that the songs and the media, including ads, commercials, TV, etc., send about risky behaviors (e.g., casual sex is okay; social relationships always seem to have a sexual component--cars are "racy," clothes are sexy, chewing gum will make you kissable, etc.). Explain ways the media sends conflicting messages--they promote sex to a society which traditionally says to "wait until marriage" for sex. Discuss ways that sending "mixed messages" yourself and drinking and drugs can lead to "date rape." Discuss ways to prevent "date rape": --Know something about the person you date (reputation, friends, etc.). --Make the first few dates ones with a group of friends. --Do not spend a lot of time alone or in isolated places. --Give a clear message before the situation gets too far. --Be aware of saying one thing but giving a different nonverbal message (e.g., not wanting to have sex but dressing in "sexy" clothes, drinking or taking drugs and losing your inhibitions) Invite local college or university counselors to speak to students about ways to resist sexual pressures after high school. (continued on next page)

Objective: 11/12.6 continued

Content	Teaching/Learning Strategies
	Discuss how many persons take unnecessary risks because of mistaken impressions that "it won't happen to me." For example, in the case of rape, males often believe "it can't happen to them." Ask a rape-prevention specialist to speak to the class about the prevalence of rape, patterns of rapists, and how to protect oneself from risky situations for rape.
	Emphasize to students the impact of today's decisions on their future. Have them complete the following in their journals: --Tomorrow I'm planning to... --So today I will... --Next week I'm planning to... --So today I will... --Next semester I'm planning to... --So today I will... --In my future I plan to... --So now I'll...
	Review the decision-making model from objective 11/12.2. Have groups of students role-play ways to respond to risky situations that students are faced with frequently. If possible, videotape the role-plays and have the entire class evaluate them.
	Have students in journals/notebooks keep a log of decisions they have made during a week's time. Then ask them to evaluate the decisions as appropriate or inappropriate and why.

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.7 The student will know health services available for sexually transmitted diseases and HIV/AIDS.

This objective relates to: New

Content

National resources
--Hemophilia Foundation
--American Red Cross
--March of Dimes
--Centers for Disease Control
--National AIDS Hotline
(1-800-342-AIDS)
--Family social services

State resources
--State health department
--Virginia AIDS Hotline
1-800-533-4148 (VOICE/TTD accessible)
1-800-322-7432 (Spanish-speaking)
--Family social services

Local resources
--Local chapter of the American Red Cross
--Regional AIDS service networks
--AIDS Council of Western Virginia
(Roanoke) 703-982-AIDS
--AIDS Support Group, Inc.
(Charlottesville) 800-752-6862
--Central Virginia AIDS Service & Education
(Richmond) 804-359-4783
--Northern Virginia AIDS Project
(Arlington) 703-358-9550
--Tidewater AIDS Crisis Taskforce
(Norfolk) 804-440-5400
(Peninsula) 804-877-1300
--City/county health departments
--STDs clinics
--Gay/lesbian support groups and services
--Family social services
--Drug treatment/counseling centers
--Religious groups/programs of support
(continued on next page)

Teaching/Learning Strategies

Divide students into teams of 4-5 students each. Ask each group to develop a directory of locally available resources for information and health services to help prevent HIV and other sexually transmitted diseases and to support AIDS patients and their families. The team's task:
--Research local health services by visiting them, collecting information, and reporting to the class on services provided.
--Design a format for a useful health services directory.
--After doing individual research, put together the directory as a class.
--Share results with the whole school in order to make the work more purposeful.

HIV/AIDS PREVENTION EDUCATION

Objective: 11/12.7 continued

Content	Teaching/Learning Strategies
--Hospices --Hospitals --AIDS testing programs	

Glossary

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HIV/AIDS PREVENTION EDUCATION

GLOSSARY

Abstinence: choosing not to do something, such as not to have sexual intercourse

Abuse: use that hurts others or self (physically or emotionally) as in the abuse of drugs and alcohol or the mistreatment of children

Acquired: not inherited (as in height and hair color) but passed from person to person; HIV/AIDS is an acquired disease

Addictive: habit-forming, as in addictive drugs

Adolescence: the years between childhood and adulthood during which puberty (sexual maturity) occurs

AIDS (Acquired Immune Deficiency Syndrome): a usually fatal disease caused by the human immundodeficiency virus (HIV) that damages the body's immune system, making the body unable to fight infections and, therefore, susceptible to disease

Alcohol: a drug in beer, wine, and liquor that slows the function of the nervous system

Anal intercourse: the insertion of the penis into the anus of the sexual partner; a high-risk behavior for sexually transmitted diseases and HIV transmission

Antibiotic: a medicine that destroys or weakens bacteria

Antibodies: chemicals made by the white blood cells that attach to disease agents, such as viruses, bacteria, fungi, and parasites, making them harmless and, thus, preventing disease

Antigen: any foreign substance that, when introduced into the body, causes production of antibodies; HIV is an antigen

Anus: the opening from which bowel movements leave the body

ARC (AIDS-Related Complex): a group of symptoms (severe and persistent diarrhea, night sweats, swollen glands, fatigue, unexplained weight loss) that signal the progression of immune system damage by the HIV virus; since 1987 this term has been replaced with the term *persistent generalized lymphadenopathy*

Asymptomatic HIV infection: the condition that occurs when a person has been infected with HIV but shows no physical symptoms of immune suppression

Asymptomatic: being infected with a disease-causing agent without having any symptoms of the disease; refers to an apparently healthy person who is infected but has no symptoms

AZT (azedothymidine): a very expensive drug licensed in 1987 that seems to inhibit the ability of the AIDS virus to produce new virus particles in many HIV-infected persons and has prolonged their lives; does not cure but reduces the severity of AIDS symptoms

Bacteria: tiny organisms that can be seen only under a microscope; some cause disease; others are helpful

Bad touch: touching (1) that is done on private parts of the body (the areas normally covered by a swimsuit), (2) that is to be kept secret, (3) that could produce unhappy, uncomfortable, scared, or confused feelings, or (4) that involves hitting, kicking, pinching, biting, pulling hair, pushing

Behavior: the way a person acts

Bisexual: a sexual attraction to people of both sexes

Blended family: a family formed by children and adults from other families

Body fluids: liquids of the body, including blood, semen, vaginal secretions, urine, lymph, feces, sweat, tears, and breast milk

Body language: messages or signals given, consciously or unconsciously, by a person without speaking

Caffeine: a drug found in chocolate, some coffees, teas, and soft drinks that speeds up the nervous system

Casual contact: normal day-to-day encounters between people at home, school, work, or in the community that do not involve sexual interactions or the sharing of needles (e.g., hugging, sharing)

Casual transmission: the passing of a disease from one person to another through normal day-to-day contact (e.g., colds and flu)

CDC (The Centers for Disease Control): a federal agency based in Atlanta, that studies and monitors the incidence and prevalence of disease in the U.S. and also provides health and safety guidelines for the prevention of disease; also provides resources to states to combat HIV/AIDS through projects such as this HIV/AIDS Prevention Education curriculum guide

Cell: the basic unit of living matter

Chancre: a painless, oval sore with a hard rim and fluid center that appears at the site of syphilis infection; the first sign of syphilis

Chlamydia: a bacterial sexually transmitted disease that inflames the linings of reproductive organs, often causing sterility if not treated; the most common STD in the United States; often has no symptoms

Circulatory system: the body system made up of the heart, blood, and blood vessels; the system that moves materials to and from body cells

Communication: the sharing of ideas, information, and feelings between a sender of a message and a receiver of that message

Condom (rubber, prophylactic): a thin sheath of rubber that is used during intercourse to cover the penis to prevent pregnancy or the spread of certain sexually transmitted diseases by preventing sperm from entering the vagina

Consequence: the result of a decision or a behavior; can be both positive and negative; can be long-term with effects well into the future or short-term with immediate effects; tangible with effects that you or others can see or intangible with effects that others cannot see, such as guilt or stress

Consideration: thoughtfulness

Cooperation: working together

Courtesy: having good manners; being thoughtful of others

Deficiency: not having enough of something that is needed; a lack of

Digestive system: all the organs and body parts that help change food into a form that cells can use

Disease: an illness

Drug: any chemical substance (legal or illegal) that changes the way the body works; these physical changes might cause changes in emotions and behavior

ELISA (Enzyme-linked immunosorbent assay): a blood test used to detect HIV infection; the most inexpensive and widely used test to date. (Results that show the presence of HIV antibodies must be confirmed by the Western blot test before a person is considered to be HIV-infected.)

Emotional: having to do with feelings

Emotions: feelings

Endrocrine glands: the organs that produce hormones which affect growth and development

Epidemic: an illness or disease that occurs with much greater frequency in a given population than is expected (more people get sick than expected)

Ethnic: of or pertaining to a group of people of the same race or nationality sharing common and distinctive cultural characteristics

Epidemiology: a branch of medicine that deals with the incidence, distribution, and control of diseases in a population

Extended family: a family group that includes parents, their children, and other relatives

Fact: something that exists or is true

Fidelity: being faithful to a mate or spouse by having no other sexual partner

Foster family: a family that provides parental care for children though the children are not related by blood or legal ties

Friend: someone who likes you the way you are, who likes to spend time with you, and who would never ask you to do something that would hurt you

Gay: another term for a male homosexual; a male who is sexually attracted to another male

Genital herpes (Herpes Simplex II): a viral sexually transmitted disease that is incurable; causes recurring blisters, miscarriage, and still births

Genitals: external sex organs; the penis and scrotum in the male; the labia, clitoris, and vagina in the female

Genital warts: a sexually transmitted disease caused by a virus that may produce cauliflower-like bumps on the penis or in the vaginal area; more often asymptomatic, however

Germs: very small organisms that cannot be seen but can spread disease

Gonorrhea: a bacterial sexually transmitted disease that causes sterility, blindness, and arthritis if not treated; (in females, no symptoms or a vaginal discharge and/or low pelvic pain; in males, symptoms are a discharge from the penis and a burning sensation when urinating)

Good touch: touching (1) that can be done in front of anyone, (2) that is not a secret, (3) that makes a child feel happy and not uncomfortable, (4) that is done to assist with bathing or provide medical care

Group: a number of persons or things that form one whole (e.g., a family, church, class, team, etc.)

Habit: anything done on a regular basis

Health: the general condition of the body and mind

Healthy: free from illness or disease

Healthy behavior: acting in a way that prevents disease and promotes a sense of well-being

Hemophilia: a rare, inherited bleeding disorder of males in which normal blood clotting is not possible

Hemophiliac: a person who has hemophilia

Hepatitis B: a viral disease of the liver in which the skin and the whites of the eyes may turn yellow, accompanied by fever, nausea, abdominal pain, and liver damage

Heterosexual: a person who is sexually attracted to people of the opposite sex; "straight"

High-risk behavior: an act or action that can harm a person's health or cause HIV infection (e.g., using alcohol, injecting drugs, having sexual intercourse)

HIV (human immunodeficiency virus): the scientific name for the virus that causes AIDS by attacking T-helper cells of the immune system and making the body susceptible to life-threatening opportunistic infections or rare cancers

Homosexual: a person who is sexually attracted to people of the same sex; gay or lesbian

Hormones: chemicals, produced by the endocrine glands, that affect how body cells work (e.g., cause growth in height and weight)

Hospice: a place for dying patients that provides health care in a homelike setting

Immune: protected from disease

Immune system: the complex body system of cells and organs that produce disease-fighting antibodies to defend the body against disease and infection caused by viruses, bacteria, parasites, and fungi

Immunity: the body's ability to fight disease or resist infection

Immunization: a medicine that protects from disease

Incubation period: the time period between the actual entrance of germs into the body and the development of the symptoms of the disease the germs cause; for AIDS, often a period of 8-10 years or more

Infected partner: the person in a sexual relationship who is infected with HIV

Infection: invasion of the body by an infectious agent (a virus, germ, bacterium, or parasite)

Infectious agent: an organism (virus, bacterium, parasite, etc.) that is capable of producing infection or infectious disease

Infectious (communicable) disease: a disease transmitted from person to person or from an animal to a person (e.g., influenza, a cold, measles, mumps, HIV/AIDS (person to person) or rabies (animal to person)

Injectable: introduced into body tissue or a blood vessel by way of a needle

Intravenous (IV): introduced into the body by way of a needle into a vein and thus into the bloodstream

IV-drug user: a person who uses a needle to pierce the skin for the purpose of injecting drugs in a blood vessel; a high-risk behavior for HIV transmission

Kaposi's sarcoma: a rare cancer that may occur when the immune system is damaged, such as with HIV infection; tumors usually appear on the walls of blood vessels appearing on the skin as painless, purple spots which do not disappear, or tumors may be internal

Kindness: gentleness, helpfulness

Lesbian: a woman who is sexually attracted to another woman

Lymphadenopathy: the condition of the lymph nodes being swollen; often a sign of infection or illness, as with the HIV-infected

Lymphatic system: a circulatory network that provides a means of returning fluid from the body tissues to the heart; serves as a main part of the immune system

Lymphocyte: a type of white blood cell that is produced in the bone marrow and transported through the lymphatic system to help produce immunity to diseases (Some of these cells migrate to the thymus, where they develop as T-cells. Others that mature in the bone marrow or in organs other than the thymus are called B-cells. B-cells manufacture antibodies, and the T-cells regulate antibody production. In healthy people, about 60% of circulating lymphocytes are T-cells. In advanced HIV infection and AIDS, the T-cell count continually decreases with no treatment. With fewer T-cells, the body is unable to recognize and attack invading organisms that cause disease.)

Medicine: drugs that, if used correctly, can help people feel better or fight germs in the body

Monogamous: having only one sexual partner

Monogamy: the practice of having only one sexual partner

Mutual monogamy: the practice of each partner in a sexual relationship practicing monogamy, having one sexual partner

Mucous membrane: the moist tissue lining the body cavities (the sex organs, mouth, eyes, etc.) that secretes mucus, a wet, sticky substance that moistens and protects these cavities

Myth: a widely accepted belief that is not based on fact

Nervous system: all the organs and body parts that control voluntary and involuntary actions

Noninfectious (noncommunicable) disease: a disease that cannot be passed from person to person or from an animal to a person (e.g., arthritis, asthma, diabetes)

Nonoxynol-9: a chemical ingredient used as a spermicide in lubricants for use with condoms; has been shown to kill the HIV/AIDS virus in laboratory studies but is <u>not</u> an effective AIDS prevention method used on its own; causes an allergic reaction in some women

Nuclear family: a family group that consists of a father, a mother, and their children

Opportunistic disease: an infection caused by an organism that can usually be resisted by a person with a healthy immune system but cannot be resisted by a person with a damaged immune system

Oral sex: touching the mouth, lips, or tongue to another's penis, vagina, or anus

Organ: a structure made of several kinds of living tissues that work together to perform a specific function (e.g., each endocrine gland is an organ)

Over-the-counter medicine: a drug that can be purchased without a doctor's order (e.g., aspirin, cough syrup, etc.)

Pathogen: any microorganism that causes disease

PCP (pneumocystis carinii pneumonia): a common opportunistic disease that occurs in advanced HIV infection/AIDS; caused by a parasite, it creates difficulty in breathing and is the most common cause of death for adult males with AIDS

Peer pressure: the influence of people one's own age

Perinatal: from mother to baby; HIV-infected mothers can pass the infection to their unborn babies

Persistent generalized lymphadenopathy (PGL): a group of symptoms, including swollen glands, that signal the progression of immune system damage by the HIV virus

Pneumonia: an infection of the lungs that frequently affects and often kills persons with HIV infection as well as others

Poison: a material that harms the body

Prescription medicine: a drug that can be purchased only with a written order from a doctor

Prevention: taking action to keep something from happening

"Protected" sex: sexual behavior that reduces the risk of coming into contact with HIV infection, specifically using latex condoms lubricated with spermicide during sexual intercourse

Protozoa: one-cell microscopic organisms; some can cause disease

Puberty: the period of growth from physical childhood to physical adulthood (in girls, between ages 10-15; in boys, between ages 12-16)

PLWA: an abbreviation for a person living with AIDS

PWA: an abbreviation for a person with AIDS; a preferred term to "AIDS victim" or "AIDS patient"

Rectum: the last part of the digestive system, just above the anus

Refusal: saying "no" to something or someone

Refusal skills: ways to say "no" to behaviors that are not in one's best interest

Reproductive system: the body systems in the male and female that are responsible for the reproduction of children

Respect: accepting and acknowledging the worth and rights of others even if you don't always agree with them

Respiratory system: all the organs and body parts that help the body take in oxygen and get rid of carbon dioxide

Responsible decision-making model: a series of steps than can be used to make decisions that lead to good health habits

Retrovirus: the type of virus that causes AIDS and that has a different chemical makeup than ordinary viruses

Risk: an action that can eventually cause harm or loss; for example, the chance of being infected with HIV and getting AIDS

Risk factor: an activity that makes a person more susceptible or more likely to be exposed to the HIV virus

"Safe" sex: a misnomer; there is no such thing as "safe" sex; the only "safe" behavior is abstinence (No sex! No drugs!)

"Safer" sex: sexual activity that reduces but does not eliminate the risk of infection with the HIV virus or the risk of pregnancy; no body fluids are shared or exchanged because of the use of a condom and avoiding oral sex

Self-concept: the way a person feels about himself or herself

Self-esteem: the feeling of respect or worth one has about himself or herself

Seropositive: the condition of having HIV antibodies in the blood

Sexual intercourse: sexual contact involving one of the following: (1) the penis inserted into the vagina; (2) the mouth placed on the genitals; or (3) the penis inserted into the anus

Single-parent family: a family in which the children live with only the mother or the father

Skeletal system: the bones and cartilaginous framework supporting the soft tissues and protecting the internal organs of the body

Skin popping: using a needle to pierce the skin for the purpose of injecting drugs just beneath the skin's surface; a high-risk behavior for HIV transmission

Spermicide: a chemical compound that kills sperm; used with a condom to prevent pregnancy and HIV infection

STD (Sexually Transmitted Disease): a contagious disease communicated mainly by sexual intercourse and other sexual behaviors (e.g., HIV/AIDS, syphilis, gonorrhea, etc.)

Steroid: a synthetic drug similar to the male hormone, testosterone, that can be taken orally or by injection; has anabolic (tissue-building) and androgenic (maculinizing) properties; a mind-altering drug

Stress: the body's general physical and mental responses to any demanding situation

Stressor: a demand made on the body

Symptom: a sign of a disease

Symptomatic HIV infection: the condition that occurs when an individual has been infected with HIV and shows mild or severe symptoms of immune system damage

Syndrome: a group of related problems or symptoms that occur together and which characterize a specific disorder

Syphilis: a bacterial sexually transmitted disease that begins with a chancre sore, and if untreated, can cause death, mental illness, or heart disease and can destroy tissue anywhere in the body

T-Helper Cell (T-lymphocyte): a specialized white blood cell that recognizes pathogens and signals the production of antibodies to destroy them (HIV invades and destroys these cells)

Toxic: poisonous

Traditional family: a family that consists of a husband, wife, and their children; also called a nuclear family.

Transfusion: the transfer of blood from one person to another

Transmission: the act of being passed along; in reference to disease, the spread of microorganisms from one person to another or from an animal to a person

Transmit: to pass something, such as a germ or a virus, from one person to another

Trichomoniasis: a sexually transmitted disease caused by a protozoan; in women, symptoms are a foul-smelling vaginal discharge and vaginal redness, burning, and itching; in men, there are usually no signs

Trust: a feeling of confidence in someone

Universal "no": a sign recognized in all parts of the world indicating "no" (⃠)

"Unprotected" sex: sexual activity that involves the exchange of semen, vaginal fluid, or blood; sex without a condom

Vaccine: weakened or killed disease organisms that stimulate the immune system to produce antibodies to prevent a person from getting a disease

Vaginal intercourse: the insertion of a penis into a vagina

Virus: an organism formed of genes surrounded by a protein coating; the smallest organism that lives inside other cells and can only reproduce inside other living cells that it invades and destroys as it multiplies, thus causing diseases

Wellness: a way of living each day that includes choices and decisions based on healthy attitudes

Western blot: a test used to detect HIV infection in blood samples; more difficult to perform and more expensive than the ELISA but also believed to be more specific than the ELISA; used to verify ELISA results. See ELISA.

Works: (illegal) needles, syringes, and other equipment used to "cook" or prepare and inject street drugs

Resources

BEST COPY AVAILABLE

RESOURCES

HIV and AIDS Education Resources

There are many national, state, and local resources available to assist educators in HIV and AIDS prevention education. These resources can provide current facts about the HIV/AIDS epidemic, educational materials, teaching strategies, and guest speakers. Some of the organizations publish journals, newsletters, or pamphlets providing current information, lists of current materials, resources, professional preparation opportunities, and feature articles about HIV infection.

HOTLINES

National Hotlines

National AIDS Information Line
1-800-342-AIDS or 2437
(English-speaking)
1-800-322-SIDA or 7432
(Spanish-speaking)
1-800-AIDS-TTY or 243-7889
(Hearing impaired)

STDs National Hotline
8:00 a.m. - 8:00 p.m.
(Monday thru Friday)
1-800-227-8922

Teen AIDS Hotline
4:00 p.m. - 8:00 p.m.
1-800-234-TEEN

U.S. Public Health Service
24 hours, 7 days a week
1-800-342-AIDS

State Hotlines

Virginia STDs/AIDS Hotline
8:00 a.m. - 7:00 p.m.
1-800-533-4148 (Voice/TTD Accessible)
1-800-322-7432 (Spanish-speaking)

NATIONAL CLEARINGHOUSE

National AIDS Information Clearinghouse
P. O. Box 6003
Rockville, Maryland 20350
1-800-458-5231
(Educational Materials, Conference Calendar, catalog of materials, brochures, posters, fact sheets; materials available in Spanish)

NATIONAL ORGANIZATIONS

AIDS and Adolescents
Publications Department
1025 Vermont Avenue, N.W., Suite 210
Washigton, D.C. 20006
(202) 347-5700

American College Health Association
1300 Piccard Drive, Suite 200
Rockville, Maryland 20855
(301) 963-1100

American Medical Association
535 North Dearborn Street
Chicago, Illinois 60610
(312) 645-5334

American School Health Association
National Office
P. O. Box 708
Kent, Ohio 44240
(216) 678-1601
(publishes Journal of School Health)

Center for Population Options
1012 14th Street, N.W.
Washington, D.C. 20005
(202) 347-5700

ETR Associates
P. O. Box 1830
Santa Cruz, California 95061-1830
1-800-321-4407
(publishes Family Life Educator and catalog on HIV/AIDS and family life education materials)

National Association of State Boards of Education
1012 Cameron Street
Alexandria, Virginia 22314
(703) 684-4000

American Association of School Administrators
1801 North Moore Street
Arlington, Virginia 22209
(703) 528-0700

American Foundation for AIDS Research
(AIDS Information Resources Directory)
1515 Broadway, Suite 3601
New York, New York 10036
(212) 719-0033

American Red Cross
National Headquarters
Office of HIV/AIDS Education
1709 New York Avenue, N.W., Suite 208
Washington, D.C. 20006
(202) 434-4074
Fax: (202) 434-4055

Association for the Advancement of Health Education
1900 Association Drive
Reston, Virginia 22091
(703) 476-3437
(publishes Health Education journal)

Council of Chief State School Officers
Resource Center on Educational Equity
400 N. Capitol Street, N.W., Suite 379
Washington, D.C. 20001
(202) 393-8159

National Coalition of Hispanic Health and Human Services Organizations
1030 15th Street, N.W., Suite 1053
Washington, D.C. 20005
(202) 371-2100

National Education Association
100 Colony Square, Suite 200
Atlanta, Georgia 30361
(404) 875-8819

National Hemophilia Foundation
Soho Building
110 Greene Street
New York, New York 10012
(212) 219-8180

National Organization of Black County Officials
440 First Street, N.W., Suite 500
Washington, D.C. 20001
(202) 347-6958

National School Boards Association
1680 Duke Street
Alexandria, Virginia 22314
(703) 838-6765

National Network of Runaway and Youth Services, Inc.
1400 I Street, N.W., Suite 330
Washington, D.C. 20005
(202) 682-4114

The National PTA
700 North Rush Street
Chicago, Illinois 60611
(312) 787-0977

STATE/LOCAL HIV/AIDS SUPPORT GROUPS

Aids Council of Western Virginia
920 S. Jefferson Street, Suite 518
Roanoke, Virginia 24016
(703) 982-AIDS

Catholic Campus Ministry
Old Dominion University
1416 West 49th Street
Norfolk, Virginia 23508
(804) 440-9065

Central Virginia AIDS Services Education
Richmond AIDS Ministry
2403 West Main Street
Richmond, Virginia 23220
(804) 359-4783

Children's AIDS Network Designed for Interfaith Involvement
3309 Granby Street
Norfolk, Virginia 23504
(804) 640-0929

Hopkins House
1224 Princess Avenue
Alexandria, Virginia 23214
(703) 549-4232

American Heart Association
Virginia Affiliate
4217 Park Place Court
Richmond, Virginia 23060
1-800-423-7854

Catholic Family & Children's Services of Roanoke Valley & Western Virginia, Inc.
820 Campbell Avenue, S.W.
Roanoke, Virginia 24016
(703) 344-5107

Charlottesville AIDS Support Group, Inc.
P. O. Box 2322
Charlottesville, Virginia 22902
1-800-752-6862

Fan Free Clinic, Inc.
1721 Hanover Avenue
Richmond, Virginia 23220
(804) 358-8538

Northern Virginia AIDS Ministry
3606 Seminary Road
Alexandria, Virginia 22304
(703) 751-5520 (Office)
(703) 751-5500 (HELPLINE)

Penninsula AIDS Foundation
326 Main Street
Newport News, Virginia 23601
(804) 591-0971

Richmond AIDS Ministry
2403 West Main Street
P. O. Box 4702
Richmond, Virginia 23220
(804) 359-4616

Tidewater AIDS Crisis Taskforce (TACT)
814 West 41st Street
Norfolk, Virginia 23508
(804) 423-5859
(804) 877-1300 - Peninsula

Virginia Beach Street Outreach
CSAP Pembroke
Suite 126
Virginia Beach, Virginia 23462
(804) 473-5671

Project NOVA
3426 North Washington Boulevard
Suite 102
Arlington, Virginia 22201
(703) 358-9550

Richmond Metropolitan Blood Service
2106-B Hamilton Street
Richmond, Virginia 23230
(804) 355-6777

Urban League of Hampton Roads, Inc.
147 Granby Street, Suite 514
Norfolk, Virginia 23501
(804) 627-0864

Virginia PTA
5913 Williamsburg Boulevard
Arlington, Virginia 22207
(703) 536-4885
(703) 237-9815

Whitman-Walker Clinic, Inc.
1407 South Street, N.W.
Washington, D.C. 20009
(202) 332-AIDS
(202) 797-3560

COMPREHENSIVE HEALTH EDUCATION TEACHER-TRAINING CENTERS IN VIRGINIA

George Mason University

Rich Miller
CHE Project Director
George Mason University
Depatment of Human Services PE 205
4400 University Drive
Fairfax, Virginia 22030

Telephone: (703) 993-2072
Fax: (703) 978-8609

Elizabeth Hagaman
Health Education Center
SUBI 255A
George Mason University
4400 University Drive
Fairfax, Virginia 22030

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Fax: (703) 993-2564

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Harrisonburg, Virginia 22807

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Health Education
Virginia Department of Education
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(804) 225-2070
Fax: (804) 371-2456 or
(804) 225-2819

HIV/AIDS FACTS

This material has been developed for teachers to provide information about HIV (Human Immunodeficiency Virus) and Acquired Immune Deficiency Syndrome (AIDS). It is included in the disease prevention and control objectives in grades 4, 7, and 9 in the Standards of Learning Objectives in Health Education. It is also included in the Family Life Education objectives beginning in grade 5. It is intended that all students in Grades K-12 be aware of ways to prevent HIV infection and the disease AIDS. Students must be made aware of the consequences of not practicing safe and healthful behaviors. This content provides information and resources to assist teachers in the dissemination of information to students.

The objectives are the following:

a. to provide awareness about the HIV disease and to identify behaviors and practices that make a person at risk for contracting the disease

b. to dispel myths about how the HIV disease is transmitted

c. to promote prevention of the HIV disease through sexual abstinence and not sharing injectable needles (e.g., drug, including steroid, tattooing, or ear-piercing needles).

Facts About AIDS

The disease AIDS was first reported in the United States in mid 1981. From the earliest statistics up to January of 1992, the Public Health Service has received reports of 202,843 cases of AIDS, in which 130,687 have resulted in death. As of January 23, 1992, 2,761 cases were reported in Virginia, in which 1,817 cases resulted in death. Periodic updates about these numbers may be obtained from the Virginia AIDS Hotline (1-800-533-4148) or the National AIDS Hotline (1-800-342-2437).

The number of AIDS cases, however, significantly underestimates the actual degree of HIV infection for a variety of reasons, including those related to HIV testing and reporting limitations. The number of HIV-positive individuals is currently estimated at 1.0-1.5 million in the United States.

This fact sheet gives in question-and-answer form accurate information about the nature and extent of AIDS, the risk of contracting the HIV, the actions individuals can take to reduce the spread of HIV infection and the onset of the disease AIDS, and the current research and related activities underway in the Public Health Service.

It is important to emphasize that sexual transmission of HIV is not a threat to those uninfected individuals who practice responsible behavior based on fidelity, commitment and maturity and place human sexuality within the context of marriage and a healthful family life.

What Is AIDS?

AIDS (Acquired Immune Deficiency Syndrome) is a disease that breaks down the body's immune system and the body's ability to fight disease. This breakdown leaves a HIV-infected person vulnerable to life-threatening illnesses that do not cause disease in people with a healthy immune system.

What Causes AIDS?

AIDS is caused by a virus that infects and damages cells of the immune system. This virus can also infect cells of the central nervous system, causing mental and emotional disorders. The virus that causes AIDS and related disorders is the Human Immunodeficiency Virus (HIV).

What Are The Symptoms Of AIDS?

Symptoms may include unexplained, persistent fatigue; unexplained fever, chills, or drenching night sweats lasting longer than several weeks; weight loss unrelated to diets or increased exercise; unexplained, persistent diarrhea; swollen glands in the neck, armpits, or groin lasting more than two weeks; pink or purple blotches or bumps occurring under the skin; and persistent white spots or patches in the mouth; and persistent dry cough or shortness of breath not related to smoking. Many of the symptoms listed above are also present with minor illnesses, such as colds and stomach flu. Therefore, only a physician can make a medical diagnosis of HIV or AIDS.

How Widespread Is AIDS Among Children?

The number of children with AIDS is relatively small. As of November 31, 1991, 1.7% of the AIDS cases nationwide were in children under the age of 13 years. In Virginia this number is slightly higher at 1.9% of the reported cases. The number of AIDS cases in youth between the ages of 13-19 years is 0.4% of the total nationwide and 0.3% in Virginia.

However, in considering that the time from infection to diagnosis with AIDS may be more than ten years, the AIDS cases in ages 20 through 29 years may be a better reflection of HIV infection in older school-age persons. In the U.S., 19.6% (22.3% in Virginia) of the AIDS cases are within this age range.

How Is AIDS Spread?

AIDS is most often spread through sexual contact, by sharing infected injectable drug needles, by transmission from mother to unborn or newborn infant, or through contact with infected blood. Specifically, AIDS is spread through

- Sexual contact in which blood or body fluids (semen, vaginal secretions) are transmitted from an infected person to an uninfected person.

- Sharing drug needles contaminated with the HIV. People who inject illicit drugs and share needles or "works" put others at risk for infection.

- Perinatal transmission of HIV may occur when an infected woman passes the virus to her child before, during, or shortly after birth. Approximately 30% of the children born to HIV-positive mothers are truly HIV infected. Virtually all children of HIV-positive mothers will initially test HIV antibody positive due to exposure to the mother's antibodies in utero or through childbirth. A small number of cases of infection through breast milk have been documented. After 18-24 months, there can be a more accurate diagnosis of HIV infection among infants.

- Transfusion of blood or blood components contaminated with HIV was a primary mode of transmission before 1985. The advent of donor screening and blood testing, however, has made the blood supply very safe with current estimated risks at about 1:60,000.

Can AIDS Be Spread Through Casual Contact?

NO. Scientific evidence shows that the HIV is very weak and does not survive while outside the body. It is easily killed by many common disinfectants, including household bleach. AIDS is not spread through everyday activities, such as working in an office, attending school, eating in restaurants, swimming in public pools, shaking hands, hugging, or other casual contact. The virus is not spread through the air from sneezing or coughing. In years of studying the HIV disease, scientists have not found one case caused by casual contact.

Is There a Laboratory Test for AIDS?

As with most other infections, there is no single test for diagnosing AIDS. There is a test for detecting antibodies (substances produced in the blood to fight disease organisms) to the virus that causes AIDS. Presence of HIV antibodies means that a person has been infected with the AIDS virus. The antibody test is used to screen donated blood and plasma. Contaminated blood is discarded so that the blood used for transfusions and blood products needed by people with hemophilia are quite safe. The confidential test is available through private physicians and most state and local health departments. There are also anonymous testing sites across the Commonwealth. A call to the Virginia AIDS Hotline or a local health department can offer information about how to get to an anonymous testing site.

What Are Some of the Diseases Affecting AIDS Patients?

Due to immune deficiencies, persons with AIDS are susceptible to rare infections that individuals with normal immune systems can resist. These infections are called opportunistic infections. Surveillance studies show that about 85 percent of the AIDS patients studied have had one or both of two rare diseases: PNEUMOCYSTIS CARINII PNEUMONIA (PCP), a parasitic infection of the lungs, and a type of cancer known as KAPOSI'S SARCOMA (KS). KS usually

occurs anywhere on the surface of the skin or mouth. In early stages, it may look like a bruise or blue-violet or brownish spot. The spot or spots persist and may grow larger. KS may spread to or appear in other organs of the body. PCP has symptoms similar to those of any other form of severe pneumonia: cough, fever, and difficulty in breathing.

Is There a Danger of Contracting AIDS from Donating Blood?

NO. Blood banks and other blood collection centers use sterile equipment and disposable needles. The need for blood is always acute, and people who are not participating in risky behaviors for contracting the HIV are urged to continue to donate blood as they have in the past.

How Is AIDS Treated?

Although as of January 23, 1992, no FDA-approved "cure" is known for AIDS, treatment has made remarkable progress in the first decade. Treatment is three-fold: antiviral therapy/immune modulating therapy/combination therapy; prophylactic treatment for opportunistic infections(s); and health promotion.

As of January 23, 1992, the only FDA-approved antiviral drug is AZT or zidovudine. Other drugs are aimed at halting or destroying the virus or enhancing immune system response. A variety of medications to prevent the most predominant opportunistic infections are being developed. Some of these are already commonly used for patients in certain stages of HIV infection either to prevent an opportunistic infection from occurring or to prevent its recurrence. Health promotion includes nutritional supplementation, stress management, and exercise to enhance the immune function and the generalized health.

Can AIDS Be Prevented?

YES. The rate of HIV infection has been drastically reduced since 1985 through the medical use of blood or blood products that have been screened for antibodies of HIV. Screening of blood donors as well as blood testing for HIV antibodies significantly reduce the risk of HIV infection by blood transfusion. Heat treatment and sophisticated monoclonal technology in the production of blood products, as well as synthetic blood products for hemophiliacs and other persons with clotting disorders, help prevent HIV infection for these persons.

As of January 23, 1992, no vaccine, either for the person with HIV infection or for the uninfected person seeking propylaxis, has been FDA approved. Therefore, it is imperative that individuals be aware of prevention strategies through behavior change (abstaining from all drug use and unsafe sexual practices, using condoms, and decreasing other risky behaviors, such as sharing injectable drug needles).

Recommendations: from the Virginia Department of Health and the Inova Health Systems Office of HIV Services, (703) 641-0690.

Who Is at Risk?

Anyone who engages in high-risk practices such as sharing needles, having sex with an infected person, or having sex with more than one partner can be at risk for HIV infection. Of all the cases reported in the United States since 1981, 97% have been among the following groups of people:

	Virginia	United States
• Men who have sex with other men (MWSM)	65.9%	56.5%
• Injectable drug use	12.0%	22.1%
• Transfusion Recipients	3.7%	2.1%
• MWSM/Injectable Drug Use	4.5%	6.4%
• MWSM/Transfusion	0.9%	1.0%
• Pediatric	1.9%	1.7%
• Hemophiliac	1.0%	0.8%
• Heterosexual Contact	5.3%	5.7%
• Unknown/None of the Above	4.7%	3.7%

Trends in the last several years demonstrate a shift in new HIV infection from the homosexual community (or MWSM) to the heterosexual population. Persons who use illegal/injectable drugs or persons who have sexual intercourse (oral, anal, or vaginal) with those who use illegal injectable drugs are target populations for HIV infection.

What Is the Geographic Distribution of Reported AIDS Cases?

During the early years of diagnosing the HIV disease, most of the recorded cases were in the large metropolitan areas. Today, large numbers of cases of HIV infection and AIDS are shown in rural areas. Everyone needs to be concerned about HIV infection and AIDS.

How Long After Exposure to HIV Does a Person Develop AIDS?

The time between infection with the HIV and the onset of symptoms (the incubation period) seems to range from about 6 months up to 10 years and possibly longer.

How Is AIDS Diagnosed?

There are no clear-cut symptoms that indicate the loss of immunity. The medical diagnosis of AIDS depends on the presence of at least one opportunistic disease. Certain tests that demonstrate damage to various parts of the immune system, such as to specific types of white blood cells, support the diagnosis. It is important to continually check with the local health department or the VA AIDS Hotline to get updated information about the diagnosis of AIDS.

What About the School?

Not one case of the HIV is known to have been transmitted in a school, day-care, or foster-care setting. HIV/AIDS is not spread through the kind of contact children have with each other, such as touching, hugging, or sharing meals or bathrooms. This is supported by long-term studies of family members of both adults and children with AIDS. No household member has become infected through routine, nonsexual contact with a family member who is HIV infected or has the disease AIDS.

Infection Control Guidelines

If any employee or customer cuts himself/herself OR if you need to clean a blood/body fluid spill, disinfect the area with a bleach solution. Wear disposable vinyl or latex gloves, use paper towels, and put everything in a plastic bag. Seal the bag and put it in the regular trash.

ALWAYS wash your hands after cleaning a blood/body fluid spill even if you wear gloves. If you are exposed to blood/body fluids, thoroughly wash the area immediately with soap and water.

Have disposable gloves, bleach solution, and paper towels in a location known to all employees.

Disinfect equipment contaminated with blood/body fluids with a bleach solution or high level disinfectant safe for use with machinery. Wash soiled clothes in the washing machine with hot water and laundry soap.

Disinfect nondisposable supplies, such as mops and sponges which have been used to clean blood/body fluid spills, with a disinfectant such as liquid Lysol or bleach.

A 1:10 bleach solution (1 part bleach to 9 parts water) kills HIV; so will all common household disinfectants such as liquid Lysol.

School Personnel Should Recommend That The Following Steps Be Taken to Prevent The Spread of AIDS

Encourage youth to

- Practice abstinence. Saying "NO" to sex and drugs can virtually eliminate the risk of AIDS.
- Not use injectable drugs. If a person chooses to use injectable drugs, the users should never share needles or syringes.

Material contained in this fact sheet was taken from information from the Centers for Disease Control, Atlanta, the U.S. Public Health Services, and the American Red Cross.